2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000007313

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS

FILED
May 04, 2000 8:00 am
Secretary of State
05-04-2000 90092 045 ****61.25

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5807 ELON DRIVE ORLANDO FL 32808-1809	5807 ELON DRIVE ORLANDO FL 32808-1809

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLOVER, CHET
5807 ELON DRIVE
ORLANDO FL 32808-1809

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE n/a

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD STRONG, STEFANY ~~35 SKYLINE DRIVE~~ ~~LAKE MARY FL 32746~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 645 Valhalla Way, #113 Lake Mary, FL 32746
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MILTON, TONGELIA 633 N. ORANGE AVENUE ORLANDO FL 32801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FULLER, JOAN 1021 N. WYMORE ROAD ORLANDO FL 32789	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD Lynda L. Long 8021 Beechdale Dr. Orlando FL 32818 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FOSTER, QUISA 341 N. MILLS AVENUE ORLANDO FL 32803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nikki Freeney 5013 Foxcroft Ct Orlando FL 32808 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GLOVER, CHET 5807 ELON DRIVE ORLANDO FL 32808-1809	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHNSON, MAX 6748 GIANT OAK LANE #174 ORLANDO FL 32810	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/30/00 407 290-0193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #