

# 2001 UNIFORM BUSINESS REPORT-(UBR)

DOCUMENT # N99000007313

1. Entity Name

CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS

Principal Place of Business

5807 ELON DRIVE  
ORLANDO FL 32808-1809

Mailing Address

5807 ELON DRIVE  
ORLANDO FL 32808-1809

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

APPLIED FOR

☒ 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retesting)

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

|                                                |                                                                    |                                            |
|------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>STRONG, STEFANY<br>65 VALHALLA WAY 119<br>LAKE MARY FL 32746 | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MILTON, TONGELA<br>633 N. ORANGE AVENUE<br>ORLANDO FL 32801  | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>LONG, LINDA L<br>8021 BEECHDALE DRIVE<br>ORLANDO FL 32818    | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6D<br>FREMMEY, NIKKI<br>5043 FOX CROFT CT<br>ORLANDO FL 32808      | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>GLOVER, CHET<br>5807 ELON DRIVE<br>ORLANDO FL 32808-1809     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>JOHNSON, MAX<br>6748 GIANT OAK LANE #174<br>ORLANDO FL 32810  | <input type="checkbox"/> Delete            |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                                                |                                                                                   |                                                                              |
|------------------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | President PD<br>Keith Wheeler<br>633 N. Orange Ave.<br>Orlando, FL 32802          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP- Broadcasting VD<br>Joan Fuller<br>1021 N. Wymore Rd.<br>Winter Park, FL 32789 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VP- Print VD<br>Jennifer Green<br>360 24th St. NW<br>Winter Haven, FL 33880       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Secretary SD<br>Tammy Carter<br>633 N. Orange Ave.<br>Orlando, FL 32802           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Same                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | Same                                                                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

**SCALING REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01

407 290-0193

Date

Daytime Phone #

FILED  
Sep 19, 2001 8:00 am  
Secretary of State

05-14-2001 90110 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

Date 11/9/66 000 7313  
60454

Department of the Treasury  
Internal Revenue Service

07-65128

Date of This Notice

04-03-65

If you inquire about your  
account, please refer to  
this number or attach a  
copy of this notice.

Employer Identification Number

59-2503647

CENTRAL FLORIDA ASSOCIATION OF  
BLACK JOURNALISTS AND BROADCASTERS  
633 N ORANGE AVE  
633 N ORANGE AVE  
ORLANDO FL 32802

#### NOTICE OF NEW EMPLOYER IDENTIFICATION NUMBER ASSIGNED

Thank you for your Form SS-4, Application for Employer Identification Number. The number assigned to you is shown above. This number will be used to identify your business account and related tax returns and documents, even if you do not have employees.

Please keep a copy of this number in your permanent records. Use this number on your name, exactly as shown above, on all Federal tax forms that require this information, and refer to the number on all tax payments and tax-related correspondence or documents.

If your business is a partnership which must obtain prior approval for its tax year, the tax year you entered in Block 3 of your Form SS-4 does not establish a tax year. For guidance in determining if you must request prior approval and the method of doing so, see IRS Publication 538, Accounting Periods and Methods, available at most IRS offices.

Please note that the assignment of this number does not grant tax-exempt status to nonprofit organizations. For details on how to apply for this exemption, see IRS Publication 557, Tax-Exempt Status for Your Organization, available at most IRS offices.

For Exempt Organizations, please see the message on the reverse side.

Thank you for your cooperation.

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