2004 NOT-FOR-PROFIT CORPORATION

FILED Apr 12, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # N99000007313 1. Entity Name 04-12-2004 90636 030 ****61.25 CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS AND BROADCASTERS, INC. Principal Place of Business Mailing Address 5807 ELON DRIVE 5807 ELON DRIVE 140011--ORLANDO FL 32808-1809 ORLANDO FL 32808-1809 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2503647 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLOVER, CHET Street Address (P.O. Box Number is Not Acceptable) 5807 ELON DRIVE ORLANDO FL 32808-1809 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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 \$5.00 May Be Make Check Payable to Due By May 1, 2004 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition CARTER, TAMMY NAME NAME 633 N. ORANGE AVE. STREET ADDRESS STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition RIGGINS, ALAYNA GAMOS NAME NAME 1500 PARK CENTER DR. STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CITY-ST-ZIP SD Jecretary Melva Akens -TITLE **⊠** Delete TITLE **Addition** ☐ Change DEMPS-SIMMONS, GRETCHEN NAME NAME* 243 DOER LANE STREET ADDRESS 1770 Winter Pork Rd STREET ADDRESS APOPKA FL 32703 CITY-ST-7IP CITY-ST-ZIP Winter Perk FLJ2787 TD TITLE ☐ Defete TITLE ☐ Change ☐ Addition GLOVER, CHET NAME NAME 5807 ELON DRIVE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808-1809 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition JOHNSON, MAX NAME NAME 6748 GIANT OAK LANE #174 STREET ADDRESS STREET ADDRESS ORLANDO FL 32810 CITY-ST-ZIP CITY-ST-ZIP Vice-President - Brandowsting

Winter Springs, FL 32708 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

DAVIS, RAPHAEL

ORLANDO FL 32802

7802 PINE CROSSING CIR., #1616

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chester A. Glover

Anzio Williams

Good Ven 226 Cokeridge Ct.

407 290-0193

Change

Addition