


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90425 039 \*\*\*\*\*70.00

<b>DOCUMENT # N99000007313</b> 1. Entity Name <b>CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS AND BROADCASTERS, INC.</b>					
Principal Place of Business <b>5807 ELON DRIVE ORLANDO FL 32808-1809</b>			Mailing Address <b>5807 ELON DRIVE ORLANDO FL 32808-1809</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2503647</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLOVER, CHET 5807 ELON DRIVE ORLANDO FL 32808-1809</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 <u><i>Chet A. Glover</i></u> <span style="float: right;">3/30/06</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when consulting)</small> <span style="float: right;">DATE</span>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARTER, TAMMY 633 N. ORANGE AVE. ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Ray H. Evans II POB 2408 Eatonville, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VBC HOLT, MELAMIE 490 E SOUTH ST ORLANDO FL 32801	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WHEELER, KEITH 633 N ORANGE AVE ORLANDO FL 32801	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP President Kanya Woodard 420 Lakebridge Plaza Dr, Apt 1203 Ormond Beach, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLOVER, CHET 5807 ELON DRIVE ORLANDO FL 32808-1809	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, MAX 6748 GIANT OAK LANE #174 ORLANDO FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RICHMOND, ANGELA 258 SOUTHHALL LANE, STE 430 MAITLAND FL 32751	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Anisia Potter 7913 Sloop Pl, Apt 207 Orlando, FL 32825

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Chet A. Glover*

3/30/06

407 872-0656