

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90026 030 ****61.25

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1. Entity Name

**CENTRAL FLORIDA ASSOCIATION OF BLACK
JOURNALISTS AND BROADCASTERS, INC.**



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2503647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/07)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GLOVER, CHET
5807 ELON DRIVE
ORLANDO FL 32808-1809**

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. 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
Due By May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**P
WHEELER, KEITH
711 MONMOUTH WAY
WINTER PARK FL 32772** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**President
Kenya Woodard
420 Lakeridge Plaza Dr. Apt 1203
Ormond Beach, FL 32174** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPB
BROCKINGTON, JACKIE
3435 IBIS DRIVE
ORLANDO FL 32803** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Vice President - Print
Anika Palm
30 W. Harvard Street.
Orlando, FL 32804** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**VPT
WOODARD, KENYA
420 LAKERIDGE PLAZA DR., APT 1203
ORMOND BEACH FL 32174** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**Secretary
Faith Haginley
3024 N. Powers Dr., #144
Orlando, FL 32818** ☐ 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
7449 COVINA CT.
ORLANDO FL 32810** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**S
POTTER, ARLISIA
7913 SLOOP PL APT 207
ORLANDO FL 32825** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

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* **Chet A. Glover** **March 18, 2008** **407-290-0193**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR