

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90155 016 *****61.25

DOCUMENT # N99000007313

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

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

☐ CHECK HERE IF MAKING CHANGES

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

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	PD WHEELER, KEITH 633 N. ORANGE AVE. ORLANDO FL 32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tammy Carter 1633 N. Orange Avenue Orlando, FL 32801	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARTER, TAMMY 633 N ORANGE AVENUE ORLANDO FL-32801	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Alayna Gamos Riggins 1500 Park Centre Dr Orlando, FL 32808	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEMPS-SIMMONS, GRETCHEN 243 DOER LANE APOPKA FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Raphael Davis 7802 Pine Crossing Cir #1616 Orlando, FL 32807	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 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 of REGISTERED Agent **Chet A. Glover**

4/7/03 (407)290-0193

CR2E037 (10/02)