

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000007313

Entity Name: CENTRAL FLORIDA ASSOCIATION OF BLACK JOURNALISTS,
INCORPORATED**FILED**
Mar 30, 2017
Secretary of State
CC5862627948**Current Principal Place of Business:**5807 ELON DRIVE
ORLANDO, FL 32808-1809**Current Mailing Address:**5807 ELON DRIVE
ORLANDO, FL 32808-1809**FEI Number: 59-2503647****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**GLOVER, CHET
5807 ELON DRIVE
ORLANDO, FL 32808-1809 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title PRESIDENT
Name OLIVER, LAFONTAINE
Address 51 E. JEFFERSON ST.
 #745
City-State-Zip: ORLAND FL 32802

Title SECRETARY
Name JONES, SHARON FLETCHER
Address 51 E. JEFFERSON ST.
 #745
City-State-Zip: ORLANDO FL 32802-0745

Title VP, BROADCAST
Name COLE, JAMES
Address 51 E. JEFFERSON
 #745
City-State-Zip: ORLANDO FL 32802-0745

Title VP, PRINT
Name SERAAJ, KEVIN
Address POB 745
City-State-Zip: ORLANDO FL 32802

Title VP, DIGITAL MEDIA
Name NOEL, ADRIENNE
Address POB 745
City-State-Zip: ORLANDO FL 32802

Title PARLIAMENTARIAN
Name BLOUNT, JONATHAN
Address POB 745
City-State-Zip: ORLANDO FL 32802

Title TREASURER
Name GLOVER, CHET
Address 5807 ELON DRIVE
City-State-Zip: ORLANDO FL 32808-1809

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHET GLOVER**AGENT****03/30/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date