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Jan 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 734285 (0)  
1. Corporation Name  
THE POYNTER INSTITUTE FOR MEDIA STUDIES, INC.



Principal Place of Business Mailing Address  
C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701  
C/O ROBERT J. HAIMAN 801 THIRD STREET SOUTH ST. PETERSBURG FL 33701-4920

3. Date Incorporated or Qualified 11/10/1975  
3a. Date of Last Report 03/22/1996  
4. FEI Number 59-1630423 Applied For Not Applicable  
5. Certificate of Status Desired [X] \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution [ ] \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [X] No

2. Principal Place of Business 2a. Mailing Address  
21. C/o James M. Naughton 26. C/o James M. Naughton  
22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.  
23. City & State 28. City & State  
24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent  
HAIMAN, ROBERT J.  
801 THIRD ST. S.  
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent  
81. Name James M. Naughton  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE: James M. Naughton 1/7/97  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD [ ] DELETE  
NAME HAIMAN, ROBERT J.  
STREET ADDRESS 801 THIRD STREET SOUTH  
CITY - ST - ZIP ST PETERSBURG FL  
TITLE CD [ ] DELETE  
NAME BARNES, ANDREW E  
STREET ADDRESS 490 FIRST AVE S  
CITY - ST - ZIP ST PETERSBURG FL  
TITLE ST [ ] DELETE  
NAME KARL, CATHERINE  
STREET ADDRESS 490 FIRST AVE S  
CITY - ST - ZIP ST PETERSBURG FL  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TITLE [ ] DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE Tr [X] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
2.1 TITLE C/Tr [X] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
4.1 TITLE P/Tr [ ] Change [X] Addition  
4.2 NAME Naughton, James M.  
4.3 STREET ADDRESS 801 Third Street South  
4.4 CITY - ST - ZIP St. Petersburg, FL 33701  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James M. Naughton 1/7/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0049670

CR2E037 (9/96)