

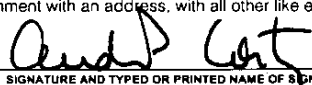


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90066 022 ****61.25

| | | | | | |
|--|---|--|---|--|--|
| DOCUMENT # F95000005625 1. Entity Name THE ST. PETERSBURG TIMES FUND, INC. | | | |  | |
| Principal Place of Business 490 FIRST AVENUE SOUTH ST PETERSBURG, FL 33701 | | | Mailing Address 490 FIRST AVENUE SOUTH ST PETERSBURG, FL 33701 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 02232007 Chg-NP CR2E037 (12/06) | |
| Zip | | Country | | 4. FEI Number 59-6142547 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent RAHDERT, GEORGE K 535 CENTRAL AVENUE ST PETERSBURG, FL 33701 | | | 7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 TASH, PAUL C 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CORTY, ANDREW P 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DORTCH, SEBASTIAN 490 1ST AVE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PETTY, MARTHA A 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T JONES, JANA 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BUCKLEY, STEPHEN 490 FIRST AVENUE SOUTH SAINT PETERSBURG, FL 33701 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Peppard, Jane 490 First Avenue South St. Petersburg, FL 33701 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Waclawek, Nancy 490 First Avenue South St. Petersburg, FL 33701 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  | | Andrew P. Corty | | 3/15/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | | Daytime Phone # 727/893-8204 | |