

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715668

1. Corporation Name

NEWSPAPER WITH A HEART FUND, INC.

Principal Place of Business

401 S MISSOURI AVE.
LAKELAND FL 33802
US

Mailing Address

C/O LEGAL DEPT
229 W 43RD ST
NEW YORK NY 10006
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/06/1968

4. FEI Number

23-7022590

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

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 617.1508, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME WEEKS, JAMES
STREET ADDRESS 3414 PEACHTREE ROAD, N.W.
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ DELETE

V
NAME O'BRIEN, JOHN M
STREET ADDRESS 229 W 43RD ST
CITY-ST-ZIP NEW YORK CITY

TITLE ☐ DELETE

D
NAME WHITWORTH, DON R
STREET ADDRESS 401 SOUTH MISSOURI AVENUE
CITY-ST-ZIP LAKELAND FL 33802

TITLE ☐ DELETE

SD
NAME CORWIN, LAURA J.
STREET ADDRESS 229 W. 43RD STREET
CITY-ST-ZIP NEW YORK CITY 10036

TITLE ☐ DELETE

V
NAME STOLLER, STUART
STREET ADDRESS 229 W. 43RD STREET
CITY-ST-ZIP NEW YORK CITY 10036

TITLE ☐ DELETE

T
NAME TAUS, ELLEN
STREET ADDRESS 229 W. 43RD STREET
CITY-ST-ZIP NEW YORK CITY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 212 556 7127

Date

Daytime Phone #

CR2E037 (11/98)