

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 24 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 33701C/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 <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIMAN, ROBERT J.	1.2 NAME	
STREET ADDRESS	801 THIRD STREET SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	1.4 CITY - ST - ZIP	
TITLE	CD <input type="checkbox"/> DELETE	2.1 TITLE	C/Tr <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNES, ANDREW E	2.2 NAME	
STREET ADDRESS	490 FIRST AVE S	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	2.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARL, CATHERINE	3.2 NAME	
STREET ADDRESS	490 FIRST AVE S	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	P/Tr <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Naughton, James M.
STREET ADDRESS		4.3 STREET ADDRESS	801 Third Street South
CITY - ST - ZIP		4.4 CITY - ST - ZIP	St. Petersburg, FL 33701
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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

Date

1/7/97

Daytime Phone # 0049670

CR2E037 (9/96)