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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764703

1. Corporation Name

CAPITOL PRESS CLUB OF FLORIDA, INC.

Principal Place of Business

336 E COLLEGE AVE
 STE 201
 TALLAHASSEE FL 32301-8727
 US

Mailing Address

336 E COLLEGE AVE
 STE 201
 TALLAHASSEE FL 32301-8727
 US

274309 - 90072 - 32 9 *



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	08/25/1982
22 City & State		27 City & State	4. FEI Number
23 Zip		28 Zip	59-2553011
24 Country		29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25		30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SILVA, MARK
 336 E COLLEGE AVE
 S201
 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President PD
NAME	GRIFFIN, MICHAEL	1.2 NAME	Gary Fineout
STREET ADDRESS	336 EAST COLLEGE AVE.	1.3 STREET ADDRESS	336 E. College Ave. Tallahassee FL
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	TD
NAME	SILVA, MARK	2.2 NAME	
STREET ADDRESS	336 E COLLEGE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	Vice President
NAME	FINEOUT, GARY	3.2 NAME	Lucy Morgan UPD
STREET ADDRESS	336 E COLLEGE AVE	3.3 STREET ADDRESS	336 E. College Ave. Tallahassee FL
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark D. Silva
 Treasurer, Director

Date 2/1/99

850 222 3095

CR2E037 (1/98)