
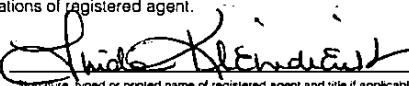
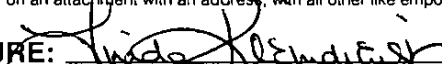


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 12, 2005 8:00 am**  
**Secretary of State**

01-12-2005 90001 040 \*\*\*\*61.25

<b>DOCUMENT # 764703</b> 1. Entity Name <b>CAPITOL PRESS CLUB OF FLORIDA, INC.</b>					
Principal Place of Business <b>336 E COLLEGE AVE STE 303 TALLAHASSEE, FL 32301-8727 US</b>			Mailing Address <b>336 E COLLEGE AVE STE 303 TALLAHASSEE, FL 32301-8727 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent  <b>SILVA, MARK 336 E COLLEGE AVE SUITE 303 TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Linda Kleindienst</b> Street Address (P.O. Box Number is Not Acceptable) <b>336 E College Ave.</b> <b>Suite 303</b> City <b>Tallahassee</b> <b>FL</b> Zip Code <b>32301</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Linda Kleindienst, Treasurer</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>1-10-2005</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLEINDIEASE, LINDA		NAME	Joni James	
STREET ADDRESS	336 EAST COLLEGE AVE.		STREET ADDRESS	336 E. College Ave, Suite 105	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	V&D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVA, MARK		NAME	John Kennedy	
STREET ADDRESS	336 E COLLEGE AVE		STREET ADDRESS	336 E. College Ave, Suite 303	
CITY-ST-ZIP	TALLAHASSEE, FL		CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Linda Kleindienst	
STREET ADDRESS			STREET ADDRESS	336 E. College Ave, Suite 303	
CITY-ST-ZIP			CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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.					
<b>SIGNATURE:</b> 		<b>Linda Kleindienst</b>		<b>1-10-05</b> <small>Date</small>	<b>850-224-6214</b> <small>Daytime Phone #</small>