## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

Pincipal Place of Business 336 E COLLEGE AVE STE 303 336 E COLLEGE AVE STE 303 TALLAHASSEE, FL 32301-8727 US TALLAHASSEE, FL 32301-8727 US TALLAHASSEE, FL 32301-8727 US  Suite, Apr. *, etc.  Did 2005 Chg. NP CR2E037 (10/03)  Applied For Sp. 2553011  Applied For Sp. 25530	DOCUMENT # 764703  1. Entity Name CAPITOL PRESS CLUB OF FLORIDA, INC.									01-12-2	2005 90	001 04	io ****61.	.25
Suite, Apt. 4, etc.    Suite, Apt. 4, etc.   Suite   Chry & State   Applied For   Sp-25553011   No. Applicable For   Sp-2553011   No.	336 E COLLEGE AVE STE 303				336 E COLLEGE AVE STE 303						•			
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Since Andrews of Pounds with this distance for two purpose of changing its registered agent.  Since Andrews of Pounds in the State Desired   Sea S	Suite, Apt. #, etc.			Suite, Apt. #, etc.					01042005	Chg-NP		CR2E0	37 (10/03)	
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SILVA, MARK 336 E COLLEGE AVE SUITE 303 TALLAHASSEE, FL 32301  8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rovids. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  S				<u> </u>				5. Certificate of Status Desired  Fee Required						
SILVA, MARK SUITE 303 TALLAHASSEE, FL 32301  8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Rorida. I am familiar with, and accept the obligations of paginered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of paginered agent.  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of paginered agent.  8. Filing Fee is \$61.25 Due by May 1, 2005  Filing Fee is \$61.25 Due by May 1, 2005  9. Election Campelian Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. DIRECTORS  KLEINDIEASE, LINDA  SIRRET ARORESS CITY-S1-2P  TALLAHASSEE, FL 32301  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. DIRECTORS  SIRRET ARORESS SIRRET ARORESS SIRRET ARORESS SIRRET ARORESS SIRRET ARORESS SIRRET ARORESS CITY-S1-2P  TALLAHASSEE, FL  10. Delete  10. Delete 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  10. Change (Maddica)  10. Change (Madica)  10. Change (Madica)  10. Change (Madica)  10. C		6. Name	and Address of Current	Registered /	Agent				7. Name and	d Address of	New Reg	istered	Agent	1.
TALLAHASSEE, FL 32301  Suite 303  Cip Tallahassee FL 28000  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of postered agent.  SIGNATURE    Signature	336 E COL	LEGE AV	E						P.O. <u>Bo</u> x Numb	er is Not Acc	ceptable)			
B. 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 postsered agent.  SIGNATURE			32301				5	اسلا	303	mege-	— H A 6	٠. 		
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