

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 8:00 am
Secretary of State

01-08-2007 90255 045 ****61.25

DOCUMENT # 764703

1. Entity Name
CAPITOL PRESS CLUB OF FLORIDA, INC.



Principal Place of Business
**336 E COLLEGE AVE
STE 303
TALLAHASSEE, FL 32301-8727 US**

Mailing Address
**336 E COLLEGE AVE
STE 303
TALLAHASSEE, FL 32301-8727 US**

40000580



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2553011

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KLEINDIENST, LINDA
336 E COLLEGE AVE
SUITE 303
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KENNEDY, JOHN ☐ Delete
STREET ADDRESS 336 E COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE PD ☒ Change ☐ Addition
NAME Kallestad, Brent
STREET ADDRESS 336 E College Ave.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE VD ☐ Delete
NAME KALLESTAD, BRENT
STREET ADDRESS 336 E COLLEGE AVE
CITY-ST-ZIP TALLAHASSEE, FL 32317

TITLE VD ☒ Change ☐ Addition
NAME Hollis, Mark
STREET ADDRESS 336 E. College Ave.
CITY-ST-ZIP Tallahassee, FL 32301

TITLE TD ☐ Delete
NAME KLEINDIENST, LINDA
STREET ADDRESS 336 E. COLLEGE AVE, SUITE 105
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Linda Kleindienst Linda Kleindienst 1/5/07 850-224-6214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #