

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764703

FILED
Jan 26, 2009
Secretary of State

Entity Name: CAPITOL PRESS CLUB OF FLORIDA, INC.

Current Principal Place of Business:

336 E COLLEGE AVE
STE 201
TALLAHASSEE, FL 323018727 US

Current Mailing Address:

336 E COLLEGE AVE
STE 201
TALLAHASSEE, FL 323018727 US

New Principal Place of Business:

336 E COLLEGE AVE
STE 303
TALLAHASSEE, FL 323018727 US

New Mailing Address:

336 E COLLEGE AVE
STE 303
TALLAHASSEE, FL 323018727 US

FEI Number: 59-2553011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KLAS, MARY E
336 E COLLEGE AVE
SUITE 303
TALLAHASSEE, FL 32301 US

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.

SIGNATURE: MARY ELLEN KLAS

01/26/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KALLESTAD, BRENT
Address: 336 E. COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: KLEINDIENST, LINDA
Address: 336 E. COLLEGE AVE, SUITE 105
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD () Delete
Name: FOLLICK, JOE
Address: 336 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: FOLLICK, JOE
Address: 336 E. COLLEGE AVE,
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD (X) Change () Addition
Name: KLAS, MARY E
Address: 336 E. COLLEGE AVE, SUITE 105
City-St-Zip: TALLAHASSEE, FL 32301

Title: VD (X) Change () Addition
Name: ROYSE, DAVE
Address: 336 E. COLLEGE AVE.
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE FOLLICK

PD

01/26/2009

Electronic Signature of Signing Officer or Director

Date