NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 765353

FILED Jul 29, 1999 8:00 am Secretary of State

07-29-1999 90025 026 ****61.25

 Corporation 	Name						
FLORIDA PRESS CLUB, INC.						f råfter ånne årrer årrer årrer årrer årn råft	
Principal Place	of Business	Mailing Address				* 5 598615 - 90025 - 26 5 *	
PALM BEACH		2751 S DIXIE				I REGERM ROBINE BINGS BINGS HINGS HINGS HIR BURN BINGS REFU BINGS BERN BURN BURN BURN BERN	
2751 SO DIXIE HWY WEST PALM BEACH FL 334				105			
W PALM BCH FL 33405 US						i 188111 18818 Biter Bilan tilen etten trut mann ender angen gegen geben ander angen	
US							
2 Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed	
21 26						10/08/1982	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For	
22		27				NOT APPLICABLE Not Applicable	
City & State	9	City & State				5. Certificate of Status Desired \$8.75 Additional	
23		Zip Country				Fee Required	
Zip	Country	Zip	$\overline{}$	intry		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
24	9. Name and Address of Current	Registered Agent	30	T		10. Name and Address of New Registered Agent	
<u> </u>	5. Maille and Address of Outland	negistarea rigent		81 1	Name		
VECCED	CHADIEC			Street Address		one (P.O. Roy Number is Not Accentable)	
	CHARLES			82 Street Address (P.O. Box Number is Not Acceptable)			
2751 S. DIXIE HWY. WEST PALM BEACH FL 33405				83			
				84 (City	85 Zip Code	
				1	•	FL	
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida State	utes, the a	bove-n	named corpo	oration submits this statement for the purpose of changing its registered n's board of directors. I hereby accept the appointment as registered	
agent. I ar	n familiar with, and accept the obligat	ions of, Section 617.0503, F	lorida Stat	utes.	e corporation	To board of directions. Thereby decopy the appearance of	
SIGNATURE						when reinstating) DATE	
12.	Signature, typed or printed name of registered agent OFFICERS ANI		E: Registered	Agent si	gnature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	p OF ICERS AND	DELETE	1.1 π	TLE	F	☐ Change ☐ Addition	
NAME	KIMMEL, EARLE	AFL FARIE		1.2 NAME		FRED Bellet 825 Collies PARKWAY	
STREET ADDRESS	2121 SW 19TH AVE. RD.		1.3 \$	TREET AC	DRESS /	825 Collier MARWAY	
CITY-ST-ZIP	OCALA FL 34478			ITY-ST-Z	/	utz, FL 33549	
TITLE	D	☐ DELETE	2.1 11	TLE	D	☐ Change ☐ Addition	
NAME	KAUFFMANN, LAURA		2.2 N	AME	1 4	Robert Azmitin,	
STREET ADDRESS	2121 SW 19TH AVE. RD.		2.3 STRE		DDRESS 3	3391 S.W. 20th Ct.	
CITY-ST-ZIP	OCALA FL 34478		2.40	CITY-ST-Z	ZIP F	DET LANDENDATE FC 33312	
TITLE	· শ - -	☐ DELETE	3.1 TI	TLE		☐ Change ☐ Addition	
NAME	KEEFER, CHARLES		3.2 N				
STREET ADDRESS	2751 S DIXIE			TREET AC			
CITY-ST-ZIP	WEST PALM BEACH FL 33405	☐ nei ete	_	TY-57-2		€ Change	
TITLE	D NIDCHED DALE E	☐ DELETE	4.1 TI	IAME	15		
NAME	KIRCHER, RALF E 1075 CENTRAL AVE.			TREET AL	nnoress /	202 Roedin Ave.	
STREET ADDRESS	NAPLES FL		1	ITY-ST-Z		olf Kiecler 303 Rordon Ace Veples, Fr 34103	
CITY-ST-ZIP	IWI LLO I L	☐ DELETE	5.1 TI			Change Additi	
NAME			5.2 N				
STREET ADDRESS			5.3 \$	TREET AL	ODRESS		
CITY-ST-ZIP			5.4 C	ITY-ST-Z	IP		
TITLE		☐ DELETE	6.1 TI	TLE		☐ Change ☐ Additi	
NAME			6.2 N				
STREET ADDRESS				TREETAL	i		
CITY-ST-ZIP			6.4 C	ITY-ST-Z	DIP		

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 adachment with an address, with all other like empowered.

SIGNATURE:

22,1898