## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## Jan 18, 2007 8:00 am **Secretary of State DOCUMENT #765353** 1. Entity Name 01-18-2007 90117 025 \*\*\*\*61.25 FLORIDA PRESS CLUB, INC. Principal Place of Business Mailing Address 4890 POST POINTE DRIVE **4890 POST POINTE DRIVE** SARASOTA, FL 34233 SARASOTA, FL 34233 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 30-0122410 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCGINN, GEORGE J III 4890 POST POINTE DRIVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34233 City 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 egent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition MCGINN, III, GEORGE J NAME NAME Young, LINDA 146 19TH AVE STREET ADDRESS 4890 POST POINTE DRIVE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP TITLE ☐ Delete TITLE Change SLATER, STEPHANIE JAMRS STEPHGUS NAME NAME 510 ORR DRIVE, SUITE 3030 STREET ADDRESS 2751 S. DIXIE HIGHWAY STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33405 CITY-ST-ZIP TALLAHASSEE FL 32307 ☐ Delete TITLE ☐ Chance ☐ Addition NAME SHANNON, MEGAN NAME STREET ADDRESS 1043 SOUTH HIAWASSEE ROAD STREET ADDRESS ORLANDO, FL 32835 CtTY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition CASON, JENNIFER NAME NAME STREET ADDRESS 100 BENT TREE DRIVE STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH, FL 32114 CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, DIANNA NAME STREET ADDRESS 2751 S. DIXIE HIGHWAY STREET ADDRESS WEST PALM BEACH, FL 33405 CITY-ST-ZIP 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 repetiver 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 of the corporation or the changed, or on an attack address

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

GEORGE J. M. GINN III

FILED

☐ Change

Addition