

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 APR 30 AM 9:22

**DOCUMENT # F95000004638 (1)**  
1. Corporation Name  
**NEW JERSEY PRESS CHARITABLE FOUNDATION INC.**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| C/O CINDA PARKER<br>602 COURTLAND STREET, SUITE 200<br>ORLANDO FL 32804 | C/O CINDA PARKER<br>602 COURTLAND STREET, SUITE 200<br>ORLANDO FL 32804 |

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21                             | 26                  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| 22                             | 27                  |
| City & State                   | City & State        |
| 23                             | 28                  |
| Zip                            | Zip                 |
| Country                        | Country             |
| 24                             | 29                  |
| 25                             | 30                  |

|   |   |
|---|---|
| 3. Date incorporated or Qualified   | 3a. Date of Last Report   |
| 09/25/1995  |   |
| 4. FEI Number   | Applied For   |
| NOT APPLICABLE  | Not Applicable  |
| 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                                      |
| <input type="checkbox"/>  |   |
| 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees   |
| <input type="checkbox"/>  |   |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

**9. Name and Address of Current Registered Agent**

LINDER, PAUL R  
SUITE 1550, CITRUS CENTER  
255 SOUTH ORANGE AVENUE  
ORLANDO FL 32801

**10. Name and Address of New Registered Agent**

|   |                |
|---|----------------|
| 81 Name   |                |
| 82 Street Address (P.O. Box Number is Not Acceptable) |                |
| 83  |                |
| 84 City   | FL 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-registering)

**12. OFFICERS AND DIRECTORS**

|                |                       |                                 |
|----------------|-----------------------|---------------------------------|
| TITLE          | PC                    | <input type="checkbox"/> DELETE |
| NAME           | LASS, E. D            |                                 |
| STREET ADDRESS | 3601 HIGHWAY 66       |                                 |
| CITY-ST-ZIP    | NEPTUNE NJ            |                                 |
| TITLE          | EVD                   | <input type="checkbox"/> DELETE |
| NAME           | PLANGERE, JULES L III |                                 |
| STREET ADDRESS | 3601 HIGHWAY 66       |                                 |
| CITY-ST-ZIP    | NEPTUNE NJ            |                                 |
| TITLE          | S                     | <input type="checkbox"/> DELETE |
| NAME           | GROVER, RITA M        |                                 |
| STREET ADDRESS | 3601 HIGHWAY 66       |                                 |
| CITY-ST-ZIP    | NEPTUNE NJ            |                                 |
| TITLE          | TD                    | <input type="checkbox"/> DELETE |
| NAME           | COLANTONI, ALFRED D   |                                 |
| STREET ADDRESS | 3601 HIGHWAY 66       |                                 |
| CITY-ST-ZIP    | NEPTUNE NJ            |                                 |
| TITLE          | D                     | <input type="checkbox"/> DELETE |
| NAME           | MCALLAN, ROBERT E     |                                 |
| STREET ADDRESS | 3601 HIGHWAY 66       |                                 |
| CITY-ST-ZIP    | NEPTUNE NJ            |                                 |
| TITLE          |                       | <input type="checkbox"/> DELETE |
| NAME           |                       |                                 |
| STREET ADDRESS |                       |                                 |
| CITY-ST-ZIP    |                       |                                 |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 attachment with an address.

SIGNATURE: Rita M. Grover Date: 2/2/96 908-933-6000 ext 3300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)