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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT #

F95000004638 (1)

NEW JERSEY PRESS CHARITABLE FOUNDATION INC.

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 APR 30 AM 9: 22

Principal Place of Business Mailing Address  C/O CINDA PARKER  602 COURTLAND STREET. SUITE 200  ORLANDO FL 32804  ORLANDO FL 32804  Mailing Address  C/O CINDA PARKER  602 COURTLAND STREET  ORLANDO FL 32804			REET. SUITE	200			
2. Principal f	Place of Business	2a. Mailing Address	····		3. Date incorporated or Qualified 09/25/1995	3a. Date of Las	st Report
21 Suite, Apt		26			4. FEI Number NOT APPLICABLE		Applied For Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Sta	te	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.0	00 мау Ве
Zip 24	Country 25	Zip 29	Coun	ntry	8. This corporation has liability for it	ntangible tax under s	ed to Fees s. 199.032,
	9. Name and Address of Cur	rent Registered Agent	190		Florida Statutes  10. Name and Address of New Ro	Yes K No	
				B1 Name		egistered Agent	
LINDER	R, PAUL R						
SUITE 1550, CITRUS CENTER 255 SOUTH ORANGE AVENUE			8	Street Add	Idress (P.O. Box Number is Not Acceptable)		
			€	33			
ORLAN	DO FL 32801		· [				
				34 City		FL 85 Z	ip Code
<ol> <li>Pursuant or registe</li> </ol>	to the provisions of Sections 617,05 red agent, or both, in the State of Fa	002 and 617.1608, Florida Statu orida, Such change was author	tes, the above zed by the co	e-named corpo rporation's boa	oration submits this statement for the purp ard of directors. I hereby accept the appoi	pose of changing its intract as registered	registered office
familiar w	ith, and accept the obligations of Sa	action 617 0602 Elorida Ctatuta					
familiär w SiGNATURE							
SIGNATURE	Signature, typed or printed name of registered ag	porit and true if applicable. (N	OTE: Registered Ac	gent signature require	ed when reinstating)	DATE	
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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 attaghment with an address.

SIGNATURE:

2/2/96 908-923-6000 ext 3300