

FILED

May 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000004638 (1)
1 Corporation Name

NEW JERSEY PRESS CHARITABLE FOUNDATION INC.

Principal Place of Business Mailing Address
C/O CINDA PARKER 602 COURTLAND STREET, SUITE 200 ORLANDO FL 32804
C/O CINDA PARKER 602 COURTLAND STREET, SUITE 200 ORLANDO FL 32804-1340

3. Date Incorporated or Qualified 09/25/1995
3a. Date of Last Report 04/30/1996
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

2. Principal Place of Business 2a. Mailing Address
1 Suite, Apt. #, etc. 2b Suite, Apt. #, etc.
City & State 2c City & State
Zip 2d Country 2e Zip 2f Country

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

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

Table with 2 columns: Title, Name, Street Address, City-St-Zip. Rows include PC LASS, E. D; EVD PLANGERE, JULES L III; S GROVER, RITA M; TD COLANTONI, ALFRED D; D MCALLAN, ROBERT E.

Table with 2 columns: Title, Name, Street Address, City-St-Zip. Rows include 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP; 2.1 TITLE, 2.2 NAME, 2.3 STREET ADDRESS, 2.4 CITY-ST-ZIP; 3.1 TITLE, 3.2 NAME, 3.3 STREET ADDRESS, 3.4 CITY-ST-ZIP; 4.1 TITLE, 4.2 NAME, 4.3 STREET ADDRESS, 4.4 CITY-ST-ZIP; 5.1 TITLE, 5.2 NAME, 5.3 STREET ADDRESS, 5.4 CITY-ST-ZIP; 6.1 TITLE, 6.2 NAME, 6.3 STREET ADDRESS, 6.4 CITY-ST-ZIP.

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

SIGNATURE: [Signature of Alfred D. Colantoni]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)