2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005
Secretary of State

DOCUMENT# N00000004410

Entity Name: COMMUNITY WITH A HEART FUND, INC.

Current Principal Place of Business:

C/O OCALA STAR-BANNER
2121 SW 19TH AVENUE ROAD
OCALA, FL 34474 US

New Principal Place of Business:

Current Mailing Address:

C/O THE NEW YORK TIMES CO
229 WEST 43RD ST 12TH FL
NEW YORK, NY 10036 US

New Mailing Address:

FEI Number: 59-3656049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

OCALA STAR-BANNER
2121 S.W. 19TH AVENUE ROAD
OCALA, FL 34474 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DS ( ) Delete
Name: BRAUER, RHONDA L
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: D ( ) Delete
Name: RICHIERI, KENNETH A
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: CD ( ) Delete
Name: STOUT, CHARLES J
Address: 2121 S.W. 19TH AVENUE ROAD
City-St-Zip: OCALA, FL 34474

Title: P ( ) Delete
Name: GAULTNEY, BRUCE
Address: 2121 SW 19TH AVE
City-St-Zip: OCALA, FL 34474

Title: T ( ) Delete
Name: BENTEN, R.ANTHONY
Address: 229 W 43RD ST
City-St-Zip: NEW YORK, NY 10039

Title: SVP ( ) Delete
Name: FORMAN, LEONARD P
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DV (X) Change ( ) Addition
Name: RICHIERI, KENNETH A
Address: 229 WEST 43RD STREET
City-St-Zip: NEW YORK, NY 10036

Title: D (X) Change ( ) Addition
Name: STOUT, CHARLES J
Address: 2121 S.W. 19TH AVENUE ROAD
City-St-Zip: OCALA, FL 34474

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RHONDA L. BRAUER S 02/23/2005

Electronic Signature of Signing Officer or Director — Date