2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002577

FILED Jul 04, 2004 Secretary of State

Entity Name: THE CENTER FOR ETHICS AND EXCELLENCE IN JOURNALISM INC.

Current Principal Place of Business: New Principal Place of Business: 406 ROYAL TERN RD S PONTE VEDRA BEACH, FL 32082 **Current Mailing Address: New Mailing Address: BOX 3553** PONTE VEDRA BEACH, FL 32004 FEI Number: 48-1253645 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BALBIRNIE, BRIAN AKRE, JANE 25400 U.S. 19 NORTH **BOX 3553** PONTE VEDRA BEACH, FL 32004 SUITE 192 US CLEARWATER, FL 33763 US 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: JANE AKRE 07/04/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition WILSON, STEVE G Name: Name: 4567 HALKIRK CT Address: Address: City-St-Zip: PALM HARBOR, FL 34685 City-St-Zip: Title: DT Title: DS () Delete (X) Change () Addition AKRE, JANE E Name: AKRE, JANE E Name: Address: 406 ROYAL TERN RD S Address: 406 ROYAL TERN RD S City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: PONTE VEDRA BEACH, FL 32082 Title: DS () Delete Title: (X) Change () Addition ADLER, BELLE ADLER, BELLE Name: Name: Address: 79 ABERDEEN Address: 79 ABERDEEN City-St-Zip: CAMBRIDGE, MA 02138 City-St-Zip: CAMBRIDGE, MA 02138 Title: () Delete Title: () Change () Addition KELLY, KATHLEEN Name: Name: Address: 41 SUTTER ST., #1860 Address: City-St-Zip: SAN FRANCISCO, CA 94111 City-St-Zip: Title: () Delete Title: (X) Change () Addition STAUBER, JOHN GREENE, CHARLES Name: Name: 520 UNIVERSITY AVE., #310 374 SUNSET TR Address: Address:

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.

City-St-Zip:

NOVATO, CA 94945

SIGNATURE: JANE AKRE S 07/04/2004

MADISON, WI 53703

City-St-Zip: