

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002577

FILED
Jul 20, 2007
Secretary of State

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

Current Principal Place of Business:

406 ROYAL TERN RD S
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

BOX 3553
PONTE VEDRA BEACH, FL 32004

New Mailing Address:

FEI Number: 48-1253645 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

AKRE, JANE
BOX 3553
PONTE VEDRA BEACH, FL 32004 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: PD () Delete
Name: WILSON, STEVE G
Address: POST OFFICE BOX 3553
City-St-Zip: PONTE VEDRA, FL 32004

Title: SD () Delete
Name: AKRE, JANE E
Address: 406 ROYAL TERN RD S
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D () Delete
Name: ADLER, BELLE
Address: 79 ABERDEEN
City-St-Zip: CAMBRIDGE, MA 02138

Title: D () Delete
Name: KELLY, KATHLEEN
Address: 41 SUTTER ST., #1860
City-St-Zip: SAN FRANCISCO, CA 94111

Title: T () Delete
Name: GREENE, CHARLES
Address: 374 SUNSET TR
City-St-Zip: NOVATO, CA 94945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, 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: JANE AKRE

SD

07/20/2007

Electronic Signature of Signing Officer or Director

_____ Date