

# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000002577

FILED  
Nov 11, 2008  
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:**

395 SO MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**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: JANE AKRE

\_\_\_\_\_  
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: SD      (X) Change ( ) Addition  
Name: AKRE, JANE E  
Address: 395 SO MILL VIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

SD

11/11/2008

\_\_\_\_\_  
Date