

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002577

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

395 SO MILL VIEW WAY  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

395 S 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 ( )**

**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  
Name: WILSON, STEVE G  
Address: POST OFFICE BOX 3553  
City-St-Zip: PONTE VEDRA, FL 32004

Title: SD  
Name: AKRE, JANE E  
Address: 395 S MILL VIEW WAY  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: STEVE WILSON

P

01/13/2010

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

\_\_\_\_\_  
Date