

FILED

03 JUN 16 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N02000002577**

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

Principal Place of Business  
25400 U.S. 19 NORTH  
SUITE 192  
CLEARWATER, FL 33763

Mailing Address  
25400 U.S. 19 NORTH  
SUITE 192  
CLEARWATER, FL 33763

2. Principal Place of Business  
**406 ROYAL TERN RD S**

3. Mailing Address  
**BOX 3553**

City & State  
**POINTE VEDRA BEACH FL**

City & State  
**POINTE VEDRA BEACH FL**

4. FEI Number  
**48-1253645**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**BALBIRNIE, BRIAN**  
25400 U.S. 19 NORTH  
SUITE 192  
CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when submitting)

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

FILE NOW - FEE IS \$61.25

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DP WILSON, STEVE G 25400 U.S. 19 NORTH, SUITE 192 CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<del>4567 HALKIRK ET; PALM</del> <del>BOX 3553 HARBOUR FL</del> <del>POINTE VEDRA BEACH, FL</del>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DT AKRE, JANE E 25400 U.S. 19 NORTH, SUITE 192 CLEARWATER, FL 33763	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<del>406 ROYAL TERN RD S</del> <del>POINTE VEDRA BEACH, FL</del>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DS ADLER, BELLE 73 ABERDEEN CAMBRIDGE, MA 02138	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D KELLY, KATHLEEN 41 SUTTER ST., #1860 SAN FRANCISCO, CA 94111	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D STAUBER, JOHN 520 UNIVERSITY AVE., #310 MADISON, WI 53703	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **3/17/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

727-560-0749

CR2E037 (10/02)

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7/6/16