NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # N09532**

1. Corporation Name

KNIGHT-RIDDER, INC. FUND

Principal Plac	e of Business	Mailing Address				
ONE HERALD PLAZA ONE HERALD PLAZA MIAMI FL 33132 US		C/O KRI TAX DEPT ONE HERALD PLAZA MIAMI FL 33132 US				
2. Principal P	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 05/30/1985		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 59-2610440	<del></del>	olied For Applicable
City & Star	te	City & State		5. Certificate of Status Desired	<b>\$8.75</b> Ac Fee Red	
Zip	Country 25	Zip 36	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
	9. Name and Address of Current	t Registered Agent		10. Name and Address of New Registere	d Agent	
i	DOUGLAS C. ALD PLAZA 33132		81 Street A 1.2.0	CORPORATION  OSOVINE IS LAN	a Ro	aD_
	officers.		84 City	CANTATION F	L 85 Zin C	3241
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiat with and accept the obligations of Section 617,5503, Florida Statutes.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE						
agent. ra	L'alla	abune	SPECIAL	ASSISTANT SECRETARY  Juried when reinstating)  DATE	599	
agent. ra	L'alla	at and title if applicable. (NOTE: Re	SPECIAL	ASSISTANT SECRETARY 4/	S 77 AND DIRECTOR	RS IN 12
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE: Re	SPECIAL agistered Agent signature req	ASSISTANT SECRETARY  Juried when reinstating)  DATE	599	
SIGNATURE	Signature, typed or printed name of registered agent	at and title if applicable. (NOTE: Re	SPECIAL agistered Agent signature req 13. 1.1 TITLE	ASSISTANT SECRETARY  Julied when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
SIGNATURE  12.	Signature, typed or printed name of registered egent OFFICERS ANI PD RIDDER, ANTHONY P	at and title if applicable. (NOTE: Re	SPECIAL agistered Agent signature req 13. 1.1 TITLE	ASSISTANT SECRETARY  Julied when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
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SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	Signature, typed or printed name of registered egent OFFICERS ANI PD RIDDER, ANTHONY P ONE HERALD PLAZA MIAMI FL	it and title if applicable. (NOTE: ReD DIRECTORS	special agistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	ASSISTANT SECRETARY  Julied when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  ACChange  ST	RS IN 12
SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS ANI PD RIDDER, ANTHONY P ONE HERALD PLAZA MIAMI FL D FONTAINE, JOHN C.	it and title if applicable. (NOTE: ReD DIRECTORS	special agistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	ASSISTANT SECRETARY  Julied when reinstating)  ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR  ACCHANGE  T	RS IN 12
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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 annual report or supplemental annual 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 faceiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered. MIAMI FL

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

SIGNATURE/

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

HARRIS, DOUGLAS C

ONE HERALD PLAZA

MIAMI FL

DELETE

3/25/99

LAFFOON, POIK 50 W SAN FERNANDE ST

408-938-7745

**FILED** 

05-06-1999 90211 025 \*\*\*\*70.00

May 06, 1999 8:00 am § Secretary of State