

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13013

FILED
Jan 04, 2005
Secretary of State

Entity Name: SOUTH FLORIDA PRESS CLUB, INC.

Current Principal Place of Business:

8415 S.W 107 AVE.
114W
MIAMI, FL 33173 US

New Principal Place of Business:

Current Mailing Address:

8414 SW 107 AVE.
114W
MIAMI, FL 33173 US

New Mailing Address:

FEI Number: 59-2636119 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALPERS, ANDREW J
8415 SW 107 AVE.
114W
MIAMI, FL 33173 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: D () Delete
Name: SULLIVAN, JOY S
Address: 3910 UTOPIA CT
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: DANIEL FITZGERALD,
Address: 6251 SW 36 STREET
City-St-Zip: MIAMI, FL 33155

Title: D () Delete
Name: DIAMOND, HINDI
Address: 400 LESLIE DRIVE #520
City-St-Zip: BOCA RATON, FL 33434 US

Title: PD () Delete
Name: LEVITT, RON
Address: 141 SEVILLA AVE
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: ALPERS, ANDY
Address: 8415 S.W. 107TH AVENUE, B114
City-St-Zip: MIAMI, FL 33173

Title: SD () Delete
Name: GOODWIN, DAVID
Address: P.O. BOX 54-6661
City-St-Zip: MIAMI, FL 331540661

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:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANDREW J. ALPERS

TRES

01/04/2005

Electronic Signature of Signing Officer or Director

Date