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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14472

1. Corporation Name
FLORIDA NEWSPAPER CO-OP ASSOCIATION, INC.

463275 - 90198 - 38

Principal Place of Business	Mailing Address
JOHN RACHELL/PALM BEACH POST 2751 S DIXIE HWY W PALM BEACH FL 33405 US	JOHN RACHELL/PALM BEACH POST 2751 S DIXIE HWY W PALM BEACH FL 33405 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Kathy Jackson/Tampa Tribune	26 Carol Reese/FNCA	04/18/1986
Suite, Apt. #, etc. 22 202 S. Parker St	Suite, Apt. #, etc. 27 3030 Hatton St.	4. FEI Number 59-2790909 ☐ Applied For ☐ Not Applicable
City & State 23 Tampa, FL	City & State 28 Sarasota, FL	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 33606 Country 25 US	Zip 29 34237 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PONCE, HERNAN 1 HERALD PLAZA MIAMI FL 33132	81 Name: Reese, Carol 82 Street Address (P.O. Box Number is Not Acceptable): 3030 Hatton St. 83 84 City: Sarasota FL 85 Zip Code: 34237

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Carol Reese, Exec Secty/Treasurer — DATE: 4/28/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JACKSON, KATHY		1.2 NAME	Jackson, Kathy	
STREET ADDRESS	202 S PAVKEN ST		1.3 STREET ADDRESS	202 S. Parker St.	
CITY-ST-ZIP	TAMPA FL 33606		1.4 CITY-ST-ZIP	Tampa, FL 33606	
TITLE	PD	☒ DELETE	2.1 TITLE	ES/TD	☐ Change ☒ Addition
NAME	PONCE, HERNAN		2.2 NAME	Reese, Carol	
STREET ADDRESS	1 HERALD PLAZA		2.3 STREET ADDRESS	3030 Hatton St	
CITY-ST-ZIP	MIAMI FL 33132		2.4 CITY-ST-ZIP	Sarasota, FL 34237	
TITLE	VPD	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	RACHELL, JOHN		3.2 NAME	Rachell, John	
STREET ADDRESS	2751 S DIXIE HWY		3.3 STREET ADDRESS	2751 S. Dixie Hwy	
CITY-ST-ZIP	W PALM BEACH FL		3.4 CITY-ST-ZIP	W. Palm Beach, FL 33405	
TITLE	SD	☒ DELETE	4.1 TITLE	SD	☐ Change ☒ Addition
NAME	LINWOOD, ALLEN		4.2 NAME	Scharlach, Greg	
STREET ADDRESS	901 6TH ST		4.3 STREET ADDRESS	633 N. Orange Ave	
CITY-ST-ZIP	DAYTONA BEACH FL 32127		4.4 CITY-ST-ZIP	Orlando, FL 32801	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 receiver 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.

SIGNATURE: SIGNATURE REQUIRED — 4/28/99 — 813 259-7584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #