

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46314

FILED
May 09, 2005
Secretary of State

Entity Name: THE JOANNE HEARST LAWRENCE FOUNDATION, INC.

Current Principal Place of Business:

777 SOUTH FLAGLER DRIVE
SUITE 200
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

C/O TOM C. KLEIN
450 7TH AVE., SUITE 1109
NEW YORK, NY 10123 US

New Mailing Address:

FEI Number: 65-0331600 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KOCHMAN, RONALD
C/O SCHULTE, ROTH, AND ZABEL
777 SOUTH FLAGLER DRIV
WEST PALM BCH., FL 33401 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: DP () Delete
Name: LAWRENCE, JOANNE HEA, RST
Address: 1508 EAST 31ST ST
City-St-Zip: TULSA, OK 74105

Title: D () Delete
Name: KLEIN, TOM C. C
Address: 450 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10123

Title: D () Delete
Name: GAY, DEBORAH HEARST
Address: 214 EL BRILLO WAY
City-St-Zip: WEST PALM BEACH, FL 33480

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:

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: TOM C. KLEIN

D

05/09/2005

Electronic Signature of Signing Officer or Director

Date