FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9200000184 (3)

CHILDREN'S NEWSPAPER, INC.

Principal Place of Business

Mailing Address

FILED Apr 25 1997 8:00am Secretary of State



349 GRANADA ROAD W. PALM BEACH FL 33401		PO BOX 7523 WEST PALM BEACH FL 33405-7523					
					 Date Incorporated or Qualified 11/03/1992 	3a. Date of Last Report 05/01/1996	
2. Principal Place of Business 21		2a. Mailing Address 26		4. FEI Number 65-0372496	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, otc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	25 29 30		ry	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						egistered Agent	
			8	1 Name			
PRUITT, ALISON 349 GRANADA ROAD			8:		t Address (P.O. Box Number is Not Accepta	ble)	
WEST PALM BEACH FL 33401			8:	3			
			8	,		FL 85 Zip Code	
11. Pursuan	t to the provisions of Sections 617.050	2 and 617.1508, Florida Statut	es, the abo	ve-name	d corporation submits this statement for the	purpose of changing its registered	
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 digigations of Section 617.0503, Florida Statutes.							
SIGNATURE	pum pu	MTI			•	4.1.97	
12.	Signature, typed or printed name of registered age	D DIRECTORS (NOT	: Registered A	gent signatur	re required when reinstating) ADDITIONS/CHANGES TO OFF	DATE	
TITLE	T ED	DELETE	11 TITLE		ADDITIONS/CHAINGES TO OFF	Change Addition	
NAME	PRUITT, ALLISON		1.2 NAME			Change C Adolpsit	
STREET ADORESS	Landaminum and an article and a second a second and a second a second and a second a second and a second and a second and			et address			
CITY-ST-ZIP	WEST DALM DEACH SURGAGE		1.4 CITY				
TITLE	P.T		2.1 TITLE			Change Addition	
NAME	TUFTS, THOMAS MARTIN		2.2 NAM6				
STREET ADDRESS	1400 PALM CIRCLE		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 2.		2.4 CITY	-ST-ZIP			
TITLE	l		3.1 TITLE			Change Addition	
NAME	STUMP, MITCHELL 321						
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	·			
TITLE NAME	 		4.1 TITLE			Change Addition	
STREET ADDRESS	SIMON, BREN 1100 S. OCEAN BLVD		4. 2 NAM				
CITY-ST-ZIP	MADALADAN CI			T ADDRESS			
TITLE			4.4 CHY- 5.1 THE	SI-ZIP	 	Change Addition	
NAME			5.2 NAME			E GUNNING E MONITOR	
STREET ADDRESS			4	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-				
TITLE		☐ DELETE	6.1 TITLE			Change Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREE	T ADDRESS			
CITY-ST-ZIP			6.4 CITY -	ST-ZIP			

I do hereby certify that the information supplied with this filling 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 chapted, or on an attachment with an address.