

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

DOCUMENT # **765353** (8)

50 MAY -1 AM 8:53

1. Corporation Name
FLORIDA PRESS CLUB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

PALM BEACH POST
2751 SO DIXIE HWY
W PALM BCH FL 33405
US

% JULIE WARESH
2751 SO DIXIE HWY
W PALM BCH FL 33405
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc. 26 Suite, Apt #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report

10/08/1982 **04/25/1994**

4. FEI Number Applied For

NOT APPLICABLE Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

WARESH, JULIE
PALM BEACH POST
2751 SO DIXIE HWY
W PALM BCH FL 33405

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P O Box Number is Not Acceptable)

B3

B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Print or type name of person who signed report in Block 12 or Block 13)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	KEEFER, CHARLES
STREET ADDRESS	3111 VILLAGE BLVD., #102
CITY, ST, ZIP	W PALM BEACH FL
TITLE	D
NAME	CROUCH, LORI
STREET ADDRESS	802 UPLAND RD
CITY, ST, ZIP	W PALM BCH FL
TITLE	T
NAME	WARESH, JULIE
STREET ADDRESS	2751 SO DIXIE HWY
CITY, ST, ZIP	W PALM BCH FL
TITLE	V
NAME	HUNTER, JIM
STREET ADDRESS	1624 NO MEADOWCREST BLVD
CITY, ST, ZIP	CRYSTAL RIVER FL
TITLE	V
NAME	DURONT, RONALD
STREET ADDRESS	PO BOX 745 NA
CITY, ST, ZIP	HIGH SPGS FL
TITLE	D
NAME	CONELY, CINDY
STREET ADDRESS	905 6TH AVE W
CITY, ST, ZIP	BRADENTON FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	D Jonathan King
43 STREET ADDRESS	200 E. LAS OLAS BLVD.
44 CITY, ST, ZIP	FORT LAUDERDALE FL 33301
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(b), 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 orally. 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.

SIGNATURE: *Julie G. Waresch* Julie G. Waresch 4-29-95 ~~XXXXXX~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Initial Name #)

907 820 4396