

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 765353 (8)

1. Corporation Name
FLORIDA PRESS CLUB, INC.



Principal Place of Business
**PALM BEACH POST
 2751 SO DIXIE HWY
 W PALM BCH FL 33405
 US**

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

3. Date Incorporated or Qualified **10/08/1982** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business
 21
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24

2a. Mailing Address
 25
 Suite, Apt. #, etc.
 26
 City & State
 27
 Zip Country
 28

Charles Keefe
2751 S. Dixie
West Palm Beach, FL
33405 USA

4. FEI Number **NOT APPLICABLE** Applied For 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**

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
 81 Name **Charles Keefe**
 82 Street Address (P.O. Box Number is Not Acceptable) **Palm Beach Post**
 83 **2751 S. Dixie**
 84 City **West Palm Beach** FL 85 Zip Code **33405**

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 *Charles M. Keefe* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KEEFE, CHARLES	
STREET ADDRESS	3111 VILLAGE BLVD., #102	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CROUCH, LORI	
STREET ADDRESS	802 UPLAND RD	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WARESH, JULIE	
STREET ADDRESS	2751 SO DIXIE HWY	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KING, JONATHAN	
STREET ADDRESS	200 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FORT LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	EARLE KIMMEL	
1.3 STREET ADDRESS	1624 Meadowcreek Blvd	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles Keefe	
3.3 STREET ADDRESS	2751 S. Dixie	
3.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ALICE DUPOST-SMITH	
4.3 STREET ADDRESS	PO Box 790	
4.4 CITY-ST-ZIP	QUINCY, FL 32351	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 Section 119.07(3)(k), 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.

SIGNATURE: *Charles M. Keefe* Date **June 14, 1996** Daytime Phone # **407-820-4409**

CR2E037 (3/96)