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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
PALM BEACH POST 2751 S DIXIE
2751 SO DIXIE HWY WEST PALM BEACH FL 33405-1233
W PALM BCH FL 33405 US

3. Date Incorporated or Qualified 10/08/1982
3a. Date of Last Report 06/20/1996

| | | | |
|--------------------------------|-----------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt #, etc. | 26 Suite, Apt #, etc. | NOT APPLICABLE | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 24 Country | 30 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

9. Name and Address of Current Registered Agent
KEEFER, CHARLES
2751 S DIXIE
2751 SO DIXIE HWY
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | KIMMEL, EARLE | |
| STREET ADDRESS | 1624 MEADOW CREST BLVD | |
| CITY-ST-ZIP | CRYSTAL RIVER 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 type="checkbox"/> DELETE |
| NAME | KEEFER, CHARLES | |
| STREET ADDRESS | 2751 S DIXIE | |
| CITY-ST-ZIP | WEST PALM BEACH FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | DUPONT-SMITH, ALICE | |
| STREET ADDRESS | P.O. BOX 790 | |
| CITY-ST-ZIP | QUINCY 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 | DIRECTOR | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | RAI E. KIRCHER | |
| 1.3 STREET ADDRESS | 1075 CENTRAL AVE | |
| 1.4 CITY-ST-ZIP | NAPLES, FL 34102 | |
| 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 | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 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 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.

SIGNATURE: _____ DATE: 5/2/95

CR2E037 (9/96)