

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 764703

Entity Name: CAPITOL PRESS CLUB OF FLORIDA, INC.**Current Principal Place of Business:**C/O MIAMI HERALD
P.O. BOX 13088
TALLAHASSEE, FL 32308-0924**Current Mailing Address:**C/O MIAMI HERALD
P.O. BOX 13088
TALLAHASSEE, FL 32308-0924 US**FEI Number:** 59-2553011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARY ELLEN, KLAS
C/O MIAMI HERALD
P.O. BOX 13088
TALLAHASSEE, FL 32308-0924 US*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:** MARY ELLEN KLAS

04/27/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	KLAS, MARY ELLEN
Address	C/O MIAMI HERALD P.O. BOX 13088
City-State-Zip:	TALLAHASSEE FL 32308-0924

Title	TD
Name	ATTERBURY, ANDREW
Address	C/O MIAMI HERALD P.O. BOX 13088
City-State-Zip:	TALLAHASSEE FL 32308-0924

Title	VP
Name	KLAS, MARY ELLEN
Address	C/O MIAMI HERALD P.O. BOX 13088
City-State-Zip:	TALLAHASSEE FL 32308-0924

I hereby 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 all other like empowered.

SIGNATURE: MARY ELLEN KLAS**TREASURER**

04/27/2023

Electronic Signature of Signing Officer/Director Detail

Date