

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01110

FILED
Mar 12, 2007
Secretary of State

Entity Name: FLORIDA PRESS FOUNDATION, INC.

Current Principal Place of Business:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-2449377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDINGS, DEAN
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WYANT, CORBIN
Address: 320 BOWLINE DRIVE
City-St-Zip: NAPLES, FL 34103

Title: VPD () Delete
Name: MULLIGAN, GERRY
Address: 1624 MEADOWCREST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: STD () Delete
Name: CICHON, RON
Address: 100 WEST DOGWOOD STREET
City-St-Zip: MONTICELLO, FL 32344

Title: D () Delete
Name: WOOD, TOM
Address: PO BOX 50129
City-St-Zip: JACKSONVILLE BEACH, FL 322400129

Title: D () Delete
Name: BARBER, ED
Address: 1105 W UNIVERSITY AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: D () Delete
Name: DUNN-RANKIN, DEREK
Address: 23170 HARBORVIEW AVE
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CORBIN WYANT

PD

03/12/2007

Electronic Signature of Signing Officer or Director

Date