

FILE NOW: FILING FEE IS \$61.25

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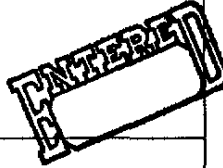
Feb 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27076** (1)

1. Corporation Name

FLORIDA PRESS ASSOCIATION, INC.



Principal Place of Business 336 E. COLLEGE AVENUE TALLAHASSEE FL 32301	Mailing Address 336 E. COLLEGE AVENUE TALLAHASSEE FL 32301-1551
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1988	3a. Date of Last Report 02/07/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-0761164		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SHELTON, RICHARD D. 336 EAST COLLEGE AVENUE TALLAHASSEE FL 32301		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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	M <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELTON, RICHARD D.	1.2 NAME	
STREET ADDRESS	336 E COLLEGE AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	TALLAHASSEE FL	1.4 CITY - ST - ZIP	
TITLE	OB <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WYANT, CORBIN	2.2 NAME	
STREET ADDRESS	1075 CENTRAL AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	NAPLES FL	2.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	Past Pres/DIC <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUFFRIDA, TOM	3.2 NAME	
STREET ADDRESS	2751 S. DIXIE HWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEST PALM BEACH FL	3.4 CITY - ST - ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAM, GERRY	4.2 NAME	
STREET ADDRESS	1624 NORTH MEADOWCREST BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL RIVER FL	4.4 CITY - ST - ZIP	34429
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HITT, RICHARD	5.2 NAME	
STREET ADDRESS	107 SW 17TH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	OKEECHOBEE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	DON WHITWORTH
STREET ADDRESS		6.3 STREET ADDRESS	401 S. MISSOURI AVE
CITY - ST - ZIP		6.4 CITY - ST - ZIP	LAKELAND, FL 33801

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: *Richard D. Shelton* 1/22/97 904/222-5790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0007270

CR2E037 (9/96)