

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27076

**FILED**  
**Jan 21, 2004**  
**Secretary of State****Entity Name:** FLORIDA PRESS ASSOCIATION, 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:** 59-0761164**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**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: SM ( ) Delete  
Name: RIDINGS, DEAN  
Address: 2636 MITCHAM DRIVE  
City-St-Zip: TALLAHASSEE, FL 32308

Title: CD ( ) Delete  
Name: CANNON, CARL  
Address: ONE RIVERSIDE AVE  
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD ( ) Delete  
Name: AUTREY, DAN  
Address: 10621 117TH DR, N  
City-St-Zip: LARGO, FL 33773

Title: VPD ( ) Delete  
Name: WEBER, JR, THOMAS E  
Address: 1939 S FEDERAL HIGHWAY  
City-St-Zip: STUART, FL 34994

Title: TD ( ) Delete  
Name: HOPKINS, DUSTY  
Address: 431 PARK AVE  
City-St-Zip: BOCA GRANDE, FL 33921

Title: D ( ) Delete  
Name: BAILEY, ANDREW  
Address: 720 S DILLARD ST  
City-St-Zip: WINTER GARDEN, FL 34787

**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 Section 119.07(3)(i), 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: DEAN RIDINGS

SM

01/21/2004

Electronic Signature of Signing Officer or Director

Date