## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## Feb 25, 2005 8:00 am **Secretary of State DOCUMENT # N27076** 02-25-2005 90145 044 \*\*\*\*61 25 FLORIDA PRESS ASSOCIATION, INC. Principal Place of Business Mailing Address 2636 MITCHAM DRIVE 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308 TALLAHASSEE, FL 32308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02232005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-0761164 City & State City & State Applied For Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RIDINGS, DEAN 2636 MITCHAM DRIVE Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32308 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution. Due by May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 10 10. 11 SM Delete TITI F Change ☐ Addition TITLE Secretary/Director RIDINGS, DEAN NAME NAME 2636 MITCHAM DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32308 CITY-ST-ZIP CD [] Change Adcition TITLE Delete TITLE CANNON, CARL Foy Maloy NAME NAME ONE RIVERSIDE AVE STREET ADDRESS PO Box 766 STREET ADDRESS CITY-ST-ZIP-JACKSONVILLE-FL-32202 CITY-ST-7IP Fernandina-Beach, FL\_32035-0766 [] Change Addition TITLE Delete TITLE NAME AUTREY, DAN NAME Dan Autrey STREET ADDRESS 10621 117TH DR, N STREET ADDRESS 9911 Seminole Blvd CITY-ST-77P LARGO, FL 33773 CITY-ST-ZIP Largo, FL 33772 Delete TITLE Change ☐ Addition TITLE Vice-Chairman WEBER, JR, THOMAS E NAME NAME STREET ADDRESS 1939 S FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP STUART, FL 34994 CITY-ST-ZiP ☐ Delete Chairman Change Addition TITLE TIT1 F HOPKINS, DUSTY NAME NAME STREET ADDRESS STREET ADDRESS 431 PARK AVE BOCA GRANDE, FL 33921 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE **⊠** Delete TITLE BAILEY, ANDREW NAME NAME

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

720 S DILLARD ST

WINTER GARDEN, FL 34787

Il Class SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

FSO 521-1162