


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000001375
 1. Entity Name
 THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.



Principal Place of Business: 1200 N FEDERAL HWY, STE 411, BOCA RATON, FL 33432
 Mailing Address: 384 WEST SHORE DR, WYCKOFF, NJ 07481-2434

DO NOT WRITE IN THIS SPACE



01212005 No Chg-NP CR2E037 (10/03)

4. FEI Number: 65-0824010 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 FORBES, PHILIP H
 1200 N FEDERAL HWY, STE 411
 BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SCRIPPS, ROBERT K
STREET ADDRESS	384 WEST SHORE DR
CITY - ST - ZIP	WYCKOFF, NJ 074812434
TITLE	SD
NAME	SCRIPPS, ELIZABETH H
STREET ADDRESS	384 WEST SHORE DR
CITY - ST - ZIP	WYCKOFF, NJ 074812434
TITLE	VD
NAME	SCRIPPS LAFLAMME, SUZANNE
STREET ADDRESS	6 CUESTA LN
CITY - ST - ZIP	SANTA FE, NM 875058782
TITLE	VD
NAME	SCRIPPS, CHRISTINA
STREET ADDRESS	384 WEST SHORE DR
CITY - ST - ZIP	WYCKOFF, NJ 074812434
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000358336
 05/04/05-80112-001 61.25

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: Will Clui 25 agent 4/29/05 212-852-1983
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #