


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**May 02, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N98000001375</b> 1. Entity Name <b>THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.</b>	
--	---

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



04112006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0824010</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

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

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$61.25  
Due by May 1, 2006**


9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
--	------------------------------------

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

100000559451  
05/17/06-80137-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **4/25/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #