


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90039 035 ****61.25

DOCUMENT # N98000001375

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



Principal Place of Business Mailing Address

1200 N FEDERAL HWY, STE 411 384 WEST SHORE DR
 BOCA RATON, FL 33432 WYCKOFF, NJ 07481-2434

40126766



05072007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
65-0824010 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 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	

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:  **ROBERT K. SCRIPPS** 5/29/07 (201) 891-6594
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

U.S. TRUST

Tax Consulting Department

40126766

N98000001375

VIA CERTIFIED MAIL; RETURN RECEIPT REQUESTED

July 17, 2007

Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

To Whom It May Concern:

We enclose the 2007 Uniform Business Report for the following taxpayer:

ROBERT K. SCRIPPS FAMILY FOUNDATION
EIN: 65-0824010
BALANCE DUE: \$61.25

Kindly acknowledge receipt of this return by signing the enclosed copy of this letter and send it back to us in the prepaid envelope provided.

Sincerely yours,

David Frederick

Tax Consulting Services

Enclosure(s)

Certified Article Number

7160 3901 9848 4140 5402

SENDERS RECORD

Receipt acknowledged by: _____ Date: _____

U.S. TRUST
ATTACHMENT

Tax Consulting Department

40126766

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