

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010567

FILED  
Apr 18, 2005  
Secretary of State

**Entity Name:** SCRIPPS FLORIDA FUNDING CORPORATION

**Current Principal Place of Business:**

505 SOUTH FLAGLER DRIVE  
SUITE 1003  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

505 SOUTH FLAGLER DRIVE  
SUITE 1003  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

**FEI Number:** 20-0495168

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CRISER, MARSHALL M JR.  
100 NORTHWEST 20TH STREET  
GAINESVILLE, FL 32603 US

**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: D ( ) Delete  
Name: FAGO, ELIZABETH M  
Address: 2401 PGA BOULEVARD., STE 146  
City-St-Zip: PALM BEACH GARDENS, FL 33401

Title: D ( ) Delete  
Name: CRISER, MARSHALL M JR  
Address: 100 NORTHWEST 20TH STREET  
City-St-Zip: GAINESVILLE, FL 32603

Title: D ( ) Delete  
Name: AGWUNOBI, JOHN O DR  
Address: 4052 BALD CYPRESS WAY., BIN A06  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D ( ) Delete  
Name: CRAWFORD, FELIX A  
Address: 9995 GATE PARKWAY NORTH, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete  
Name: MCCOLLUM, JAMES E  
Address: 301 W. BAY STREET, SUITE 1100  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: FOLEY, WILLIAM P II  
Address: 601 RIVERSIDE AVENUE  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GURY, DAVID J  
Address: 2360 NW 43RD STREET  
City-St-Zip: BOCA RATON, FL 33431

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: MARSHALL CRISER

D

04/18/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date