

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010567

FILED
Apr 26, 2006
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: GURY, DAVID J
Address: 2360 NW 43RD STREET
City-St-Zip: BOCA RATON, FL 33431

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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GONZALEZ, EDWARD DR
Address: 517 CORNER STREET
City-St-Zip: BRANDON, FL 33511

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 Chapter 119, 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: SARA MISSELHORN

DIR

04/26/2006

Electronic Signature of Signing Officer or Director

Date