

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01110

Entity Name: FLORIDA PRESS FOUNDATION, INC.**Current Principal Place of Business:**336 EAST COLLEGE AVE, STE 304
TALLAHASSEE, FL 32301**Current Mailing Address:**336 EAST COLLEGE AVE, STE 304
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2449377**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FLORIDA PRESS
336 EAST COLLEGE AVE, STE 304
TALLAHASSEE, FL 32301 US*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:** KAREN TOWER

03/31/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MULLIGAN, GERRY
Address 1624 MEADOWCREST BLVD
City-State-Zip: CRYSTAL RIVER FL 34429

Title TRUSTEE
Name FRISBIE, S.L.
Address P.O. BOX 120
City-State-Zip: BARTOW FL 33831

Title TRUSTEE
Name WOOD, TOM
Address PO BOX 50129
City-State-Zip: JACKSONVILLE BEACH FL 32240-0129

Title TRUSTEE
Name DUNN-RANKIN, DAVID
Address 23170 HARBORVIEW AVE
City-State-Zip: PORT CHARLOTTE FL 33980

Title TRUSTEE
Name KEMP, SANDY
Address 7502 HARVEST VILLAGE COURT
City-State-Zip: NAVARRE FL 32566

Title TRUSTEE
Name VEDDER, BOB
Address 200 E VENICE AVE
City-State-Zip: VENICE FL 34285

Title TRUSTEE
Name MCFARLIN, DIANE
Address P.O. BOX 118400
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR
Name TOWER, KAREN
Address 336 EAST COLLEGE AVE, STE 201
City-State-Zip: TALLAHASSEE FL 32301

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I hereby 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 all other like empowered.

SIGNATURE: KAREN TOWER**EXECUTIVE DIRECTOR**

03/31/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TRUSTEE
Name DELUCA, JOE
Address 490 FIRST AVE SOUTH
City-State-Zip: ST. PETERSBURG FL 33701

Title TRUSTEE
Name BELL, JODI
Address PO BOX 12710
City-State-Zip: PENSACOLA FL 32591