## 2017 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 201 TALLAHASSEE, FL 32301

**Current Mailing Address:** 

336 EAST COLLEGE AVE, STE 201 TALLAHASSEE. FL 32301 US

FEI Number: 59-2449377 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIDINGS, DEAN 336 EAST COLLEGE AVE, STE 201 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:

Title

City-State-Zip:

Electronic Signature of Registered Agent

Date

Date

**FILED** Mar 10, 2017

**Secretary of State** 

CC4449821883

Officer/Director Detail :

Title **TRUSTEE** Title **PRESIDENT** 

WYANT, CORBIN Name Name MULLIGAN, GERRY

320 BOWLINE DRIVE 1624 MEADOWCREST BLVD Address Address

City-State-Zip: NAPLES FL 34103 City-State-Zip: CRYSTAL RIVER FL 34429

Title D Title STD

Electronic Signature of Signing Officer/Director Detail

Name WOOD, TOM Name FRISBIE, S.L. Address PO BOX 50129 Address P.O. BOX 120

JACKSONVILLE BEACH FL 32240-City-State-Zip: City-State-Zip: BARTOW FL 33831

0129

Title **TRUSTEE** DUNN-RANKIN, DAVID Name

KEMP, SANDY Name

23170 HARBORVIEW AVE Address Address 7502 HARVEST VILLAGE COURT PORT CHARLOTTE FL 33980

City-State-Zip: NAVARRE FL 32566 Title **TRUSTEE** 

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

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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.

03/10/2017 SIGNATURE: GERRY MULLIGAN **PRESIDENT**