

**2021 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

04/05/2021

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**DIRECTOR**

04/05/2021

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