

2016 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TRUSTEE
Name WYANT, CORBIN
Address 320 BOWLINE DRIVE
City-State-Zip: NAPLES FL 34103

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

Title D
Name BARBER, ED
Address 1105 W UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

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

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

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

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

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: GERRY MULLIGAN**PRESIDENT****03/17/2016**

Electronic Signature of Signing Officer/Director Detail

Date