

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010567

Entity Name: SCRIPPS FLORIDA FUNDING CORPORATION**Current Principal Place of Business:**130 SCRIPPS WAY, #B41
JUPITER, FL 33458**Current Mailing Address:**130 SCRIPPS WAY, #B41
JUPITER, FL 33458 US**FEI Number:** 20-0495168**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MISSELHORN, SARA J
130 QUAYSIDE DRIVE
JUPITER, FL 33477 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:** SARA MISSELHORN

04/03/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GOLDSMITH, GERRY
Address 8 WINDSOR COURT
City-State-Zip: PALM BEACH FL 33408

Title VC
Name DANA, PAMELLA DR
Address 200 GULF SHORE DRIVE, UNIT 323
City-State-Zip: DESTIN FL 32541

Title DIRECTOR
Name SABIN, EDWARD G
Address 4555 RIVERSIDE DR.
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name GED, CHARLES G
Address 3001 NW 29TH ROAD
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name KASTEN, MARK
Address 218 SOUTH US HIGHWAY
SUITE 300
City-State-Zip: TEQUESTA FL 33469

Title DIRECTOR
Name KUNTZ, THOMAS G
Address 400 S. PARK AVENUE,
SUITE 200
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR
Name LUCERI, RICHARD M
Address 2366 NE 28 ST.
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title CHAIRMAN
Name GURY, DAVID J
Address 2360 NW 43RD STREET
City-State-Zip: BOCA RATON FL 33431

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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: DAVID GURY

CHAIRMAN

04/03/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	WOTIZ, ART
Address	1551 ATLANTIC BLVD.
City-State-Zip:	JACKSONVILLE FL 32207