

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001375

**Entity Name:** THE ROBERT K. SCRIPPS FAMILY FOUNDATION, INC.

**FILED**  
**Mar 07, 2018**  
**Secretary of State**  
**CC5127766244**

**Current Principal Place of Business:**

11382 PROSPERITY FARMS RD  
SUITE 227  
PALM BEACH GARDENS, FL 33410-3463

**Current Mailing Address:**

384 WEST SHORE DR  
WYCKOFF, NJ 07481-2434 US

**FEI Number: 65-0824010**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FORBES, PHILIP H  
11382 PROSPERITY FARMS RD  
SUITE 227  
PALM BEACH GARDENS, FL 33410-3463 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           PTD  
Name           SCRIPPS, ROBERT K  
Address        384 WEST SHORE DR  
City-State-Zip: WYCKOFF NJ 07481-2434

Title           SD  
Name           SCRIPPS, ELIZABETH H  
Address        384 WEST SHORE DR  
City-State-Zip: WYCKOFF NJ 07481-2434

Title           VD  
Name           SCRIPPS LAFLAMME, SUZANNE  
Address        100 PRINCIPE DE PAZ  
City-State-Zip: SANTA FE NM 87508

Title           VD  
Name           SCRIPPS BENEVENTO, CHRISTINA  
Address        6 WARING LANE  
City-State-Zip: NEW PALTZ NY 12561

*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: ROBERT K. SCRIPPS**

**PTD**

**03/07/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date