

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 111977

**Entity Name:** TIMES PUBLISHING COMPANY

**Current Principal Place of Business:**

490 FIRST AVENUE S.  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

490 FIRST AVENUE S.  
SAINT PETERSBURG, FL 33701 US

**FEI Number:** 59-0482470

**Certificate of Status Desired:** Yes

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

DAY-PHILLIPS, SHERRI  
490 FIRST AVENUE SOUTH  
ST. PETERSBURG, FL 33701 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:** SHERRI DAY-PHILLIPS

04/30/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CPD  
Name GALLATY, CONAN  
Address 490 FIRST AVENUE S.  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name BROWN, NEIL  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name DELUCA, JOE  
Address 490 FIRST AVENUE SOUTH  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name FAULMANN, BRUCE  
Address 490 FIRST AVE S  
City-State-Zip: SAINT PETERSBURG FL 33701

Title DIRECTOR  
Name DORTCH, SEBASTIAN  
Address 490 FIRST AVENUE S.  
City-State-Zip: SAINT PETERSBURG FL 33701

Title VD  
Name KATCHES, MARK  
Address 490 1ST AVE. S.  
City-State-Zip: ST. PETERSBURG FL 33731-1121

Title SECRETARY, D  
Name DAY-PHILLIPS, SHERRI  
Address 490 FIRST AVENUE S.  
City-State-Zip: SAINT PETERSBURG FL 33701

Title TREASURER  
Name COLLIN, CHERYL  
Address 490 FIRST AVENUE S.  
City-State-Zip: ST PETERSBURG FL 33701

**Continues on page 2**

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SHERRI DAY-PHILLIPS

**SECRETARY**

04/30/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name MCBRIDE, KELLY  
Address 490 FIRST AVENUE S.  
City-State-Zip: SAINT PETERSBURG FL 33701