


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

02-25-2005 90145 042 \*\*\*\*61.25

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| <b>DOCUMENT # N01110</b><br>1. Entity Name<br><b>FLORIDA PRESS FOUNDATION, INC.</b>   |   |  |  |   |  |
| Principal Place of Business<br><b>2636 MITCHAM DRIVE<br/>TALLAHASSEE, FL 32308</b>  |   |  | Mailing Address<br><b>2636 MITCHAM DRIVE<br/>TALLAHASSEE, FL 32308</b>   |  |  |
| 2. Principal Place of Business  |   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.  |  |  |  |
| City & State  |   | City & State   |  |  |  |
| Zip   | Country   | Zip  | Country  | 4. FEI Number<br><b>59-2449377</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |  |  | <b>\$8.75 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent   |   |  | 7. Name and Address of New Registered Agent  |  |  |
| <b>RIDINGS, DEAN<br/>2636 MITCHAM DRIVE<br/>TALLAHASSEE, FL 32308</b>   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent. |   |  |  |  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |  |  |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2005</b>   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>   |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |   |  |  |  |  |
| 10. OFFICERS AND DIRECTORS  |   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>PD<br/>WYANT, CORBIN<br/>320 BOWLINE DRIVE<br/>NAPLES, FL 34103</b> <input type="checkbox"/> Delete                  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>S.L. Frisbie<br/>PO Box 120<br/>Bartow, FL 33831-0120</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>VPD<br/>MILLIGAN, GERRY<br/>1624 MEADOWCREST BLVD<br/>CRYSTAL RIVER, FL 34429</b> <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Gerry Mulligan</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>STD<br/>CICHON, RON<br/>100 WEST DOGWOOD STREET<br/>MONTICELLO, FL 32344</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Robert Vedder<br/>200 E. Venice Ave<br/>Venice, FL 34285-1999</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>SM<br/>RIDINGS, DEAN<br/>2636 MITCHAM DRIVE<br/>TALLAHASSEE, FL 32308</b> <input checked="" type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Tom Wood<br/>PO Box 50129<br/>Jacksonville, FL 32240-0129</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>BARBER, ED<br/>1105 W UNIVERSITY AVE<br/>GAINESVILLE, FL 32601</b> <input type="checkbox"/> Delete             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Carla Rockwell<br/>505 W. Robertson St.<br/>Brandon, FL 33511-2800</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>D<br/>DUNN-RANKIN, DEREK<br/>23170 HARBORVIEW AVE<br/>PORT CHARLOTTE, FL 33980</b> <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>D<br/>Tom Giuffrida<br/>PO Box 24700<br/>West Palm Beach, FL 33416-4700</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #