


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01110</b> 1. Entity Name FLORIDA PRESS FOUNDATION, INC.	
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Principal Place of Business 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308	Mailing Address 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308
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<b>DO NOT WRITE IN THIS SPACE</b>
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02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2449377	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RIDINGS, DEAN 2636 MITCHAM DRIVE TALLAHASSEE, FL 32308
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B. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WYANT, CORBIN 320 BOWLINE DRIVE NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MULLIGAN, GERRY 1624 MEADOWCREST BLVD CRYSTAL RIVER, FL 34429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CICHON, RON 100 WEST DOGWOOD STREET MONTICELLO, FL 32344
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, TOM PO BOX 50129 JACKSONVILLE BEACH, FL 322400129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARBER, ED 1105 W UNIVERSITY AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN-RANKIN, DEREK 23170 HARBORVIEW AVE PORT CHARLOTTE, FL 33980

110000478282  
04/07/06-80024-020 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Carlin A. Wyant 39-06 239 202-1361  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #