

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90074 028 \*\*\*\*70.00

<b>DOCUMENT # N05398</b> 1. Entity Name FLORIDA SCHOLASTIC PRESS ASSOCIATION, INC.					
Principal Place of Business UNIVERSITY OF FLORIDA <del>2052 WEIMER HALL</del> <b>3104 WEIMER HALL</b> GAINESVILLE, FL 32611				Mailing Address UF COLLEGE OF JOURNALISM & COMMUNICATIONS P.O. BOX 118400 <del>2052 WEIMER HALL</del> GAINESVILLE, FL 32611-8400 <b>3104</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <b>3104 WEIMER HALL</b>		Suite, Apt. #, etc. <b>3104 WEIMER HALL</b>			
City & State		City & State			
Zip	Country	Zip	Country	01132006 Chg-NP CR2E037 (11/05) 4. FEI Number 59-3106380	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HYNES, TERRY COLLEGE OF JOURNALISM & COMMUNICATIONS WEIMER HALL, ROOM 2096 GAINESVILLE, FL 32611			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>			DATE <b>1.13.06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25</b> <b>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>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MAASSEN, JILL BOX 1351 ARCADIA, FL	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLLAZZO, TERRY 1001 LAKEMONT DR. VALRICO, FL 33594	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEVERSON, JUDY M 906 LASSWADE DRIVE TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMPHREY, JOE 32343 FISH HOOK LOOP WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SULLIVAN, MARY 460 NE 103 STREET MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD THOR, STEVEN JAY 5100 DUPONT BLVD., 10 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED JOLENE PINDER 703 SW 75th ST. #102 GAINESVILLE, FL 32607	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD SULLIVAN, MARY 460 NE 103 STREET MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD THOR, STEVEN JAY 5100 DUPONT BLVD., 10 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>1.13.06</b> <b>352.392.0460</b> <small>Daytime Phone #</small>		