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

FILED Jan 19, 2006 8:00 am Secretary of State 01-19-2006 90074 028 ****70.00

DOCUMENT # N05398 1. Entity Name FLORIDA SCHOLASTIC PRESS ASSOCIATION, INC.						01-19-2000	90074 026	70.00	
UNIVERSITY	RHALL 3104 WEIMER HA	Mailing Address UF COLLEGE OF JOURN LLP.O. BOX 118400 -2 GAINESVILLE, FL 326	032 WEII 11/8400	MER HALL		KIRI BINGO KING KOLON IA	TI) BIOM OKOM BIOM BIOM	114 1 0211101 01 1001	
2. Principal Place of Business		3. Mailing Address							
Strite, Apt. #, etc. 3104 WEIMER! HALL		Suite, Apt. #, etc. 3104 WEIMER HALL			01132006	Chg-NP	CR2E037 (11/	05)	
City & State		City & State			4. FEI Number 59-3106	380		Applied For Not Applicable	
Zip	Country	Zip		intry	5. Certificate o	Status Desired	≭ \$8.75 Fee Re	Additional quired	
	6. Name and Address of Current	Registered Agent		Nama	7. Name and A	ddress 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)					
	, grá			City			FL Zip	Code	
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or re	egistered agent, or both	, in the State of F	Torida. I am familiar	with, and accept	
SIGNATURE	ment -	•				٢.	13.06		
	Signature typed or printed name of registered agent	and title if applicable. (NOT	E: Registered	d Agent signature	required when reinstating)		DATE		
	Filling Fee is \$61.25 Due by May 1, 2006	9. Election Cal	mpaign F	inancing _	_ \$5.00 May Be		Make check payal prida Department		
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND DI	9. Election Cal Trust Fund (mpaign Fi Contributi	inancing on.	\$5.00 May Be Added to Fees	Flo	Make check payal orida Department ERS AND DIRECTOI	of State	
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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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.13.06 Date

352.392.0460

Daytime Phone #