2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 18, 2008
Secretary of State

DOCUMENT# N05398

Entity Name: FLORIDA SCHOLASTIC PRESS ASSOCIATION, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA
3014 WEIMER HALL
GAINESVILLE, FL 32611

New Principal Place of Business:

Current Mailing Address:

UF COLLEGE OF JOURNALISM & COMM.
P.O. BOX 118400
GAINESVILLE, FL 326118400

New Mailing Address:

FEI Number: 59-3106380 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WRIGHT, JOHN W DR.
COLLEGE OF JOURNALISM & COMMUNICATIONS
2096 WEIMER HALL
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PP	( ) Delete
Name:	MAASSEN, JILL	
Address:	BOX 1351	
City-St-Zip:	ARCADIA, FL 34265	
Title:	ED	( ) Delete
Name:	ROBINSON, JUDY L DR.	
Address:	2028 WEIMER HALL	
City-St-Zip:	GAINESVILLE, FL 32611	
Title:	PRES	( ) Delete
Name:	JEPSON, DEB	
Address:	783 TEMPLE TERRACE	
City-St-Zip:	OVIEDO, FL 32765	
Title:	DD	( ) Delete
Name:	SULLIVAN, MARY	
Address:	460 NE 103 STREET	
City-St-Zip:	MIAMI SHORES, FL 33138	
Title:	DD	( ) Delete
Name:	THOR, STEVEN J	
Address:	5100 DUPONT BLVD APT. 10 F	
City-St-Zip:	FT. LAUDERDALE, FL 33308	
Title:	VP	( ) Delete
Name:	SCHELRDORN, MARK	
Address:	1990 ONTARIO CIRCLE NORTH	
City-St-Zip:	WEST SHORE, FL 32935	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	DIR	(X) Change ( ) Addition
Name:	ROBINSON, JUDY DR.	
Address:	BOX 1351	
City-St-Zip:	GAINESVILLE, FL 32611	
Title:	PP	(X) Change ( ) Addition
Name:	MAASSEN, JILL	
Address:	BOX 1351	
City-St-Zip:	GAINESVILLEARCADIA, FL 34265	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY ROBINSON EXDR 08/18/2008

Electronic Signature of Signing Officer or Director — Date