

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006020

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** FLORIDA COLLEGE PRESS ASSOCIATION, INC.

**Current Principal Place of Business:**

336 EAST COLLEGE AVE, STE 203  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

336 EAST COLLEGE AVE, STE 203  
TALLAHASSEE, FL 32301

**New Mailing Address:**

FEI Number: 26-0555753

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TOWER, KAREN  
FLORIDA PRESS FOUNDATION, INC.  
336 EAST COLLEGE AVE, STE 203  
TALLAHASSEE, FL 32301 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: DP  
Name: THOMPSON, BRIAN  
Address: PO BOX 1027  
City-St-Zip: ST AUGUSTINE, FL 32085

Title: DV  
Name: ANDREW, SKERRITT  
Address: 510 ORR DRIVE  
City-St-Zip: TALLAHSSEE, FL 32307

Title: DST  
Name: TRICE, MIKE  
Address: 111 LAKE HOLLINGSWORTH DR  
City-St-Zip: LAKELAND, FL 33801

I hereby 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 all other like empowered.

SIGNATURE: KAREN TOWER

DIR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date