

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27076

FILED
May 01, 2008
Secretary of State

Entity Name: FLORIDA PRESS ASSOCIATION, INC.

Current Principal Place of Business:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 59-0761164 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

Name and Address of New Registered Agent:

RIDINGS, DEAN
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US

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: VC () Delete
Name: PETTY, MARTY
Address: 490 FIRST AVENUE SOUTH
City-St-Zip: ST. PETERSBURG, FL 33701

Title: C () Delete
Name: MALOY, FOY
Address: PO BOX 766
City-St-Zip: FERNANDINA BEACH, FL 320350766

Title: D () Delete
Name: AUTREY, DAN
Address: 10621 117TH DR, N
City-St-Zip: LARGO, FL 33773

Title: D () Delete
Name: DOUGHTON, JIM
Address: 2700 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: MCGAULEY, JAMES
Address: 2 E MACCLENNEY AVE
City-St-Zip: MACCLENNEY, FL 32063

Title: D () Delete
Name: DUNN-RANKIN, DAVID
Address: 23170 HARBORVIEW RD
City-St-Zip: PORT CHARLOTTE, FL 33980

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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: H DEAN RIDINGS

DIR

05/01/2008

Electronic Signature of Signing Officer or Director

Date