

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

05 APR 21 PH 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # N05398</b> 1. Entity Name <b>FLORIDA SCHOLASTIC PRESS ASSOCIATION, INC.</b>			
Principal Place of Business <b>UNIVERSITY OF FLORIDA 2032 WEIMER HALL GAINESVILLE, FL 32611</b>		Mailing Address <b>UNIVERSITY OF FLORIDA 2032 WEIMER HALL P.O. Box 118400 GAINESVILLE, FL 32611</b>	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		<b>Florida Scholastic Press Association University of Florida College of Journalism and Communications 2032 Weimer Hall P.O. Box 118400 Gainesville, FL 32611-8400</b>	
Country		04172005 Chg-NP CR2E037 (10/03) 4. FEI Number <b>59-3106380</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>HYNES, TERRY COLLEGE OF JOURNALISM &amp; COMMUNICATIONS WEIMER HALL, ROOM 2096 GAINESVILLE, FL 32611</b>	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MAASSEN, JILL BOX 1351 ARCADIA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLLAZZO, TERRY 1001 LAKEMONT DR. VALRICO, FL 33594	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED STEVERSON, JUDY M 906 LASSWADE DRIVE TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP EVANCHYK, LINDA 920 RUNOKE CT. FORT WALTON BEACH, FL 32547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD MIDDLETON, TERI 211 WAYNE AVE. ALTAMONTE SPRINGS, FL 32701	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD THOR, STEVEN JAY 5100 DUPONT BLVD., 10 FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.			
<b>SIGNATURE:</b> <i>Judy M. Stevenson</i> <b>Executive Director</b> <i>4/21/05</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			