#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 734727** 

Entity Name: FLORIDA SOCIETY OF NEWS EDITORS, INC.

**FILED** Mar 12, 2021 **Secretary of State** 0179580511CC

## **Current Principal Place of Business:**

1025 GREENWOOD BLVD.

**SUITE 191** 

LAKE MARY, FL 32746

# **Current Mailing Address:**

1025 GREENWOOD BLVD.

**SUITE 191** 

LAKE MARY, FL 32746 US

FEI Number: 51-0138452 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

FOGLER, JIM 1025 GREENWOOD BLVD. **SUITE 191** LAKE MARY, FL 32746 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: JIM FOGLER 03/12/2021

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

Address

Title Title DIRECTOR

Name BANKER, DANA Name MOSCHELLA, NICK

1025 GREENWOOD BLVD. 1025 GREENWOOD BLVD. Address Address

> **SUITE 191** SUITE 191

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title **DIRECTOR** Title **PRESIDENT** 

Name RICE, PAT Name NELLESSEN SAVAGE, LISA

Address 1025 GREENWOOD BLVD. Address 1025 GREENWOOD BLVD.

> **SUITE 191 SUITE 191**

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title IMMEDIATE PAST PRESIDENT Title DIRECTOR MCCURRY ROSS, CINDY MADER, IAN Name Name

1025 GEENWOOD BLVD. 1025 GREENWOOD BLVD. Address Address

**SUITE 191 SUITE 191** 

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title **DIRECTOR** Title **DIRECTOR** 

Name LOWE, MIRA Name SANDERS, KATIE

> 1025 GREENWOOD BLVD. **SUITE 191** SUITE 191

LAKE MARY FL 32746 LAKE MARY FL 32746 City-State-Zip: City-State-Zip:

# Continues on page 2

1025 GREENWOOD BLVD.

Address

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: LISA NELLESSEN SAVAGE **PRESIDENT** 03/12/2021

# Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name CHRISTIE, RICK Name HACKWORTH, JOHN

Address 1025 GREENWOOD BLVD. Address 1025 GREENWOOD BLVD.

SUITE 191 SUITE 191

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR Title DIRECTOR

Name HATFIELD, WILLIAM Name PALKA, MARY KELLI

Address 1025 GREENWOOD BLVD. Address 1025 GREENWOOD BLVD.

SUITE 191 SUITE 191

City-State-Zip: LAKE MARY FL 32746 City-State-Zip: LAKE MARY FL 32746

Title DIRECTOR

Name ANDERSON, JULIE

Address 1025 GREENWOOD BLVD.

SUITE 191

City-State-Zip: LAKE MARY FL 32746