

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753981

Entity Name: FLORIDA PRESS EDUCATIONAL SERVICES, INC.**Current Principal Place of Business:**FLORIDA PRESS ASSOCIATION
336 E. COLLEGE AVE. SUITE 304
TALLAHASSEE, FL 32301**Current Mailing Address:**FLORIDA PRESS ASSOCIATION
336 E. COLLEGE AVE. SUITE 304
TALLAHASSEE, FL 32301 US**FEI Number:** 59-2040357**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TOWER, KAREN
336 E. COLLEGE AVE SUITE 304
TALLAHASSEE, FL 32301 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**Officer/Director Detail :**

Title	P
Name	PUSHKIN, JODI
Address	PO BOX 150
City-State-Zip:	ST. PETERSBURG FL 33731

Title	VP
Name	LUMPKIN, CHERYL
Address	333 SW 12TH AVE
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	CS
Name	JONES, NANCY
Address	2751 S DIXIE HIGHWAY
City-State-Zip:	WEST PALM BEACH FL 33405

Title	RS
Name	ACOSTA, GAIL
Address	7502 HARVEST VILLAGE CT.
City-State-Zip:	NAVARRE FL 32566

Title	DIR
Name	TOWER, KAREN
Address	336 E. COLLEGE AVE
City-State-Zip:	TALLAHASSEE FL 32301

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**EXECUTIVE DIRECTOR****03/19/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date