

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006020

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

**Current Principal Place of Business:**

336 EAST COLLEGE AVE, STE 201  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

336 EAST COLLEGE AVE, STE 201  
TALLAHASSEE, FL 32301 US

**FEI Number:** 26-0555753

**Certificate of Status Desired:** No

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

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

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

Title DST  
Name TRICE, MIKE  
Address 111 LAKE HOLLINGSWORTH DR  
City-State-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:** BRIAN THOMPSON

DP

04/04/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date