


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90260 018 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N98000000664</b>					
1. Corporation Name <b>SOCIETY FOR SOCIAL MARKETING, INC.</b>					
Principal Place of Business <b>3500 E FLETCHER AVE</b> <b>SUITE 519</b> <b>TAMPA FL 33613</b>			Mailing Address <b>3500 E FLETCHER AVE</b> <b>SUITE 519</b> <b>TAMPA FL 33613</b>		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/05/1998</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>LINDENBERGER, JAMES</b> <b>3500 E FLETCHER AVE</b> <b>SUITE 519</b> <b>TAMPA FL 33613</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	<b>President</b>
STREET ADDRESS		1.3 STREET ADDRESS	<b>Craig Lefebvre</b>
CITY-ST-ZIP		1.4 CITY-ST-ZIP	<b>10720 Columbia Pike, Suite 500</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Vice President</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>Terrence Albrecht</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>13201 Bruce B Downs Blvd.</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	<b>Secretary and Historian</b>
STREET ADDRESS		3.3 STREET ADDRESS	<b>Fred Fridinger</b>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<b>4770-Buford Hwy. NE-Mailstop K-46</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	<b>Treasurer</b>
STREET ADDRESS		4.3 STREET ADDRESS	<b>James Lindenberg</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<b>3500 E. Fletcher Avenue, Suite 519</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 James Lindenberg

2-19-99

813-971-2119

Date

Daytime Phone #

CR25037-41/98