


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2004 8:00 am
Secretary of State

03-23-2004 90007 013 ****61.25

DOCUMENT # 703270

1. Entity Name
**LINCOLN-MERCURY DEALERS' ADVERTISING FUND,
 ORLANDO REGION, INC.**



34054000

Principal Place of Business
**2800 PARR COURT WEST
 JACKSONVILLE, FL 32216 US**

Mailing Address
**P. O. BOX 550538
 JACKSONVILLE, FL 32255-0538 US**



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03012004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-6064616

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBBINS, WILLIAM C.
 2800 PARR COURT WEST
 JACKSONVILLE, FL 32245-9098**

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 **William C. Robbins Exec.-Sec** *William C. Robbins* **3-19-04**
 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees -**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JERNIGAN, RICHARD 407 S MAGNOLIA AVE OCALA, FL 34474 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LYNCH, TOM 4620 SOUTHSIDE BLVD JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT William Lynch 2165 River Blvd Jacksonville, FL 32204 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HOWARD, ED 7110 S. TAMIA MI TRAIL SARASOTA, FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7110 S. Tamiami Tr Sarasota, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBINSON, WILLIAM 1739 BELTLINE HWY SOUTH MOBILE, AL 36606 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Warren Culbertson <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6350 Pensacola St. Pensacola, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JENKINS, FREDDY 941 E MAIN STREET LAKELAND, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Paul Csicsila <input type="checkbox"/> Change <input type="checkbox"/> Addition 2085 Gulf-to-Bay Blvd Clearwater, FL 34525
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZICH, RICH 2741 N FEDERAL HIGHWAY POMPANO BEACH, FL 33064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(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.

SIGNATURE: Richard Jernigan, Chairman *Richard Jernigan* **352-732-2866**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #