


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90209 031 \*\*\*\*61.25

**DOCUMENT # 703270**

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



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

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

40067594



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

04242006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number  
 59-6064616

Applied For  
 Not Applicable

City & State

Zip Country Zip Country

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 32255-0538

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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 C  Delete  
 NAME LYNCH, WILLIAM  
 STREET ADDRESS 2165 RIVER BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32204

TITLE D  Change  Addition  
 NAME KEN PENCE  
 STREET ADDRESS 4620 SOUTHSIDE BLVD  
 CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE VC  Delete  
 NAME OSMAN, PERRY  
 STREET ADDRESS 625 E. NASA BLVD  
 CITY-ST-ZIP MELBOURNE, FL 32901

TITLE C  Change  Addition  
 NAME OSMAN, PERRY  
 STREET ADDRESS 625 E. NASA BLVD  
 CITY-ST-ZIP MELBOURNE, FL 32901

TITLE D  Delete  
 NAME HOWARD, ED  
 STREET ADDRESS 7110 S. TAMiami TRAIL  
 CITY-ST-ZIP SARASOTA, FL 34231

TITLE  Change  Addition

TITLE DT  Delete  
 NAME CULBERTSON, WARREN  
 STREET ADDRESS 6350 PENSACOLA ST  
 CITY-ST-ZIP PENSACOLA, FL 32505

TITLE  Change  Addition

TITLE D  Delete  
 NAME MURPHY, DENNIS  
 STREET ADDRESS 4727 US HIGHWAY 19  
 CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE  Change  Addition

TITLE ~~VC~~  Delete  
 NAME MAGGIO, JOHN  
 STREET ADDRESS 14800 SHERIDAN STREET  
 CITY-ST-ZIP PEMBROKE PINES, FL 33331

TITLE  Change  Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William C. Robbins Date: 4-25-06 (904) 646-3160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #