FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:06

DOCUMENT # 725599 (5)

1. Corporation Name
FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.

Principal Place of Business	Mailing Address
3710 GALWAY DR PO BOX 13119 TALLAHASSEE FL 32317 US	~~3710 GALWAY DR~~ PO BOX 13119 TALLAHASSEE FL 32317 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/20/1973
3a. Date of Last Report: 02/17/1994
4. FEI Number: 23-7367407 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. Box 13119
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 Tallahassee, FL
24 Zip / 25 Country	29 32317 / 30 [illegible] U.S.

9. Name and Address of Current Registered Agent

ULM, SANDRA W.
2217 ALTOONA DR.
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VP ☑ Change ☐ Addition
NAME	TALLMAN, HELEN	1.2 NAME	Helen Tallman
STREET ADDRESS	7601 SW 94TH AVE	1.3 STREET ADDRESS	(same address)
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	P ☑ Change ☐ Addition
NAME	HEALD, DONNA	2.2 NAME	Linda Schroeder
STREET ADDRESS	1941 NE 51 ST #48	2.3 STREET ADDRESS	4249 NW 54 Way
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	Gainesville FL 32606
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	BURKE, VIC	3.2 NAME	
STREET ADDRESS	1105 NE 8TH ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	COSTELLO, LOUISE	4.2 NAME	
STREET ADDRESS	4211 NW 19TH ST #191	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GEDDES, MICHAEL	5.2 NAME	
STREET ADDRESS	1 NORTH UMBER POINT	5.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	OSBORNE, TIM	6.2 NAME	
STREET ADDRESS	PO BOX 4752 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH FT MYERS FL 33918	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Linda Schroeder 1/20/95 904 955-6702
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0037040