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Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 725599 (5)

1. Corporation Name

FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.

Principal Place of Business	Mailing Address
~~8710 GALWAY DR~~ 3334 NE 34St #615 ~~TALLAHASSEE FL 32317~~ US Ft. Lauderdale, FL 33308	P.O. BOX 70577 FT. LAUDERDALE FL 33307 US

3. Date Incorporated or Qualified: 02/20/1973

4. FEI Number: 23-7367407 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3334 NE 34 St. #	26
Suite, Apt. #, etc. 22 #615	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28
Zip / Country 24 33308 / 25 USA	Zip / Country 29 / 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

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 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 _____ 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	☒ DELETE	1.1 TITLE	President	☒ Change ☐ Addition
NAME	EVANS, PATRICIA		1.2 NAME	Chuck St. Louis	
STREET ADDRESS	2905 ALBATROSS DRIVE		1.3 STREET ADDRESS	16808 Waterline Rd.	
CITY-ST-ZIP	COOPER CITY FL		1.4 CITY-ST-ZIP	Bradenton, FL 34202	
TITLE	VP	☒ DELETE	2.1 TITLE	Vice President	☒ Change ☐ Addition
NAME	BARGAR, SHERIE		2.2 NAME	Pat Evans	
STREET ADDRESS	907 CITRUS ISLE		2.3 STREET ADDRESS	2905 Albatross Dr.	
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Cooper City, FL 33026	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HEALD, DONNA		3.2 NAME		
STREET ADDRESS	1941 NE 51TH STREET, # 48		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BROWN, NELL		4.2 NAME		
STREET ADDRESS	P.O. BOX 306 N/A		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LONG, GAY		5.2 NAME		
STREET ADDRESS	413 BAYCREST DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	JACKSON, NANCY		6.2 NAME		
STREET ADDRESS	5078 SW 89TH AVENUE		6.3 STREET ADDRESS		
CITY-ST-ZIP	COOPER CITY FL		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Donna H. Heald DONNA H. HEALD 2/26/98 954-572-1336