2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90527 031 ****61.25

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DOCUMENT # 725599

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

Principal Place of Business	Mailing Address
407 WEKIVA SPRINGS ROAD 241 LONGWOOD, FL 32779 US	407 WEKIVA SPRINGS ROAD 241 LONGWOOD, FL 32779 US

04302005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. BOX 560787	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ORLANDO, FL	City & State
Zip: 32856-0787 Country: USA	Zip Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SIENKIEWICZ, JONE 407 WEKIVA SPRINGS ROAD 241 LONGWOOD, FL 32779	Name: LONDRA H. MEAD Street Address (P.O. Box Number is Not Acceptable): 4921 GILPIN WAY City: ORLANDO FL Zip Code: 32812

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: Londra H. Mead 4/30/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

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	VP KLEGA, KATHRYN 7408 GREEN TREE DRIVE ORLANDO, FL 32819	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CAREY, JAMES 8801 FAZIO CT. TAMPA, FL 33647	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MCMICHAEL, SANDRA 7701 BAYMEADOW C.W. #1106 JACKSONVILLE, FL 32256	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP McMICHAEL, SANDRA 7701 BAYMEADOWS CIR. W #1106 JACKSONVILLE, FL 32256	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURKE, VIC 1014 SW 7 ROAD, SUITE 1 OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEDICOS, PAT 8000 POINT MEADOWS DR. JACKSONVILLE, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SVEC, DEBBIE 436 PRIVATEER ROAD NORTH PALM BEACH, FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BARGAR, SHERIE 4377 WEEPING WILLOW CT. CASSELBERRY, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUNNAVANT, SANDRA 5400 PINE AVE ORANGE PARK, FL 32073	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ DUNNAVENT, SANDRA 5400 PINE AVE, ORANGE PARK, FL 32073	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZAPASNIK, KAREN 23312 B SW 58 AVE BOCA RATON, FL 33428	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D REYNOLDS, SHARON 125 MAGELLAN AVE. SATELLITE BEACH, FL 32937	☐ Change ☒ Addition

12. 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 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: Londra H. Mead LONDRA H. MEAD 4/30/05 407-275-3777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #