


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90410 019 \*\*\*\*61.25

<b>DOCUMENT # 725599</b>					
<b>1. Entity Name</b> FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.					
<b>Principal Place of Business</b> PO BOX 560787 ORLANDO, FL 32856-0787 US			<b>Mailing Address</b> 407 WEKIVA SPRINGS ROAD 241 LONGWOOD, FL 32779 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		P.O. BOX 560787			
City & State		City & State ORLANDO, FL			
Zip	Country	Zip	Country	04192006 Chg-NP CR2E037 (11/05) <b>4. FEI Number</b> 23-7367407	
32856-0787	US	32856-0787	US	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MEAD, LONDRA H 4421 GILPIN WAY ORLANDO, FL 32812			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CAREY, JAMES 8801 FAZIO CT TAMPA, FL 33647		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CAREY, JAMES 8801 FAZIO CT, TAMPA, FL 33647	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP MCMICHAEL, SANDRA 7701 BAYMEADOW C.W. #1106 JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE VOSE, BELINDA 10204 SW 37TH PL GAINESVILLE, FL 32607	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEDICOS, PAT 8000 POINT MEADOWS DR JACKSONVILLE, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T BARGAR, SHERIE 4377 WEEPING WILLOW CT CASSELLBERRY, FL 32256		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DUNNAVENT, SANDRA 5400 PINE AVE ORANGE PARK, FL 32073		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DUNNAVENT, SANDRA 5400 PINE AVE. ORANGE PARK, FL 32073	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D REYNOLDS, SHARON 125 MAGELLAN AVE SATELLITE BEACH, FL 32937		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
<b>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.</b>					
<b>SIGNATURE:</b> <i>Londra A. Mead</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/24/06 407-275-3777 Date Daytime Phone #		