2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

APPROVED AND FILED

07 APR 26 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725599

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

Principal Place of Business	Mailing Address
PO BOX 560787 ORLANDO, FL 32856-0787 US	P.O. BOX 560787 ORLANDO, FL 32856-0787 US

04192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2563 Capital Medical Blvd	2563 Capital Medical Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tallahassee, Florida	City & State: Tallahassee Florida
Zip: 32308 Country: Leon	Zip: 32308 Country: Leon

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

~~MEAD, LONDRA H~~
~~4421 GILPIN WAY~~
~~ORLANDO, FL 32812~~

LARRY E. BODKIN JR
2563 CAPITAL Medical Blvd
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name: Larry E. Bodkin Jr.
Street Address (P.O. Box Number is Not Acceptable): 2563 Capital Medical Blvd
City: Tallahassee FL Zip Code: 32308

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.

500101350805
05/03/07--01016--005 **61.25

SIGNATURE _____
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, 2007

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	VP	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	CAREY, JAMES		NAME	Vose, Belinda	
STREET ADDRESS	8801 FAZIO COURT		STREET ADDRESS	10204 Southwest 37th Place	
CITY-ST-ZIP	TAMPA, FL 33647		CITY-ST-ZIP	Gainesville, FL 32607	
TITLE	PE	☒ Delete	TITLE	VP	☒ Change ☐ Addition
NAME	VOSE, BELINDA		NAME	Dunnavant, Sandra	
STREET ADDRESS	10204 SOUTHWEST 37TH PLACE		STREET ADDRESS	P.O. Box 627	
CITY-ST-ZIP	GAINESVILLE, FL 32607		CITY-ST-ZIP	Green Cove Springs, FL 32043	
TITLE	D	☒ Delete	TITLE	T	☒ Change ☐ Addition
NAME	DEDICOS, PAT		NAME	Bargar, Sherie	
STREET ADDRESS	8000 POINT MEADOWS DR		STREET ADDRESS	4377 Weeping Willow Ct.	
CITY-ST-ZIP	JACKSONVILLE, FL 32256		CITY-ST-ZIP	Cassellberry FL 32254	
TITLE	T	☒ Delete	TITLE	D	☒ Change ☒ Addition
NAME	BARGAR, SHERIE		NAME	Larry E. Bodkin Jr	
STREET ADDRESS	4377 WEEPING WILLOW CT		STREET ADDRESS	2563 Capital Medical Blvd	
CITY-ST-ZIP	CASSELLBERRY, FL 32256		CITY-ST-ZIP	Tallahassee FL 32308	
TITLE	P	☒ Delete	TITLE	PE	☒ Change ☒ Addition
NAME	DUNNAVENT, SANDRA		NAME	Needham, Miriam	
STREET ADDRESS	5400 PINE AVENUE		STREET ADDRESS	1014 S.W. 7th Rd, Ste 1	
CITY-ST-ZIP	ORANGE PARK, FL 32073		CITY-ST-ZIP	Ocala, FL 34474	
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	REYNOLDS, SHARON		NAME		
STREET ADDRESS	125 MAGELLAN AVE		STREET ADDRESS		
CITY-ST-ZIP	SATELLITE BEACH, FL 32937		CITY-ST-ZIP		

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: L Z B [illegible] 4-26-07 850-531-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #