2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State
01-31-2003 90107 016 ****61.25

DOCUMENT # 725599

1. Entity Name

FLORIDA ASSOCIATION FOR MEDIA IN EDUCATION, INC.

90014435

☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
320 WEST SABAL PALM PL. SUITE 150 LONGWOOD FL 32779 US	320 WEST SABAL PALM PL. SUITE 150 LONGWOOD FL 32779 US

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	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

SIENKIEWICZ, JONE
320 WEST SABAL PALM PL, SUITE 150
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

FILE NOW: FEE IS $61.25

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 TERWILLEGAR, JANE 911 OAK HARBOUR WEST PALM BEACH FL 33408	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP BURKE, VIC 1014 SW 7 RD, STE 1 OCALA, FL 34474	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BURKE, VIC 1014 SW 7 RD., STE 1 OCALA FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P KLEGA, KATHRYN 7408 GREEN TREE DRIVE ORLANDO, FL 32819	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MILLER, LESLIE 10164 BITTERO DR PENSACOLA FL 32507	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T COON, JUDY 9455 FRANGI DR VERO BEACH FL 32963	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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		☐ 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		☐ Change ☐ Addition

CR2E037 (10/02)

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: Jone R. Sienkiewicz Jone R. Sienkiewicz, Executive Director January 27, 2003 407-834-6688