# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# 734727

**Entity Name:** FLORIDA SOCIETY OF NEWSPAPER EDITORS, INC.

**Current Principal Place of Business:**

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number: 59-0138452** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

RIDINGS, HOWARD D
2636 MITCHAM DRIVE
TALLAHASSEE, FL 32308 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | P | ( ) Delete |
| Name: | BARTOSEK, JOHN | |
| Address: | PO BOX 24700 | |
| City-St-Zip: | WEST PALM BEACH, FL 334164700 | |
| Title: | D | ( ) Delete |
| Name: | FIEDLER, TOM | |
| Address: | ONE HERALD PLAZA | |
| City-St-Zip: | MIAMI, FL 33132 | |
| Title: | VP | ( ) Delete |
| Name: | GRINSTEAD, JEANNE | |
| Address: | PO BOX 1121 | |
| City-St-Zip: | SAINT PETERSBURG, FL 337311121 | |
| Title: | ST | ( ) Delete |
| Name: | GOUGREAU, ROSEMARY | |
| Address: | 200 S PARKER ST | |
| City-St-Zip: | TAMPA, FL 33601 | |
| Title: | D | ( ) Delete |
| Name: | ROSENHAUSE, SHARON | |
| Address: | 200 E LAS OLAS BLVD | |
| City-St-Zip: | FT LAUDERDALE, FL 33301 | |
| Title: | D | ( ) Delete |
| Name: | TOMASIK, MARK | |
| Address: | 1939 S FEDERAL HIGHWAY | |
| City-St-Zip: | STUART, FL 34994 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GIL THELEN DIR 05/01/2008

Electronic Signature of Signing Officer or Director — Date