FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 753981 (0)

1. Corporation Name

FLORIDA NEWSPAPER IN EDUCATION COORDINATORS, INC

Principal Place of Business	Mailing Address
PO BOX 2949 200 RACETRACK RD FT WALTON BCH FL 32547 US	PO BOX 2949 200 RACETRACK RD FT WALTON BCH FL 32547 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/28/1980
3a. Date of Last Report: 04/01/1994
4. FEI Number: 59-2040357 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Tampa Tribune	26
Suite, Apt. #, etc. 22 P.O. Box 191	Suite, Apt. #, etc. 27 202 S. Parker St.
City & State 23 Tampa FL	City & State 28 Tampa FL
Zip / Country 24 33601 / 25 USA	Zip / Country 29 33606 / 30 USA

9. Name and Address of Current Registered Agent

DEBOLT, CAROL ANN
200 RACETRACK RD
FT WALTON BCH FL 32547

10. Name and Address of New Registered Agent

81 Name: René S. Gunter
82 Street Address (P.O. Box Number is Not Acceptable): 202 S. Parker St.
83
84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: René S. Gunter — René S. Gunter, Treasurer — 2-24-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	CHANBONNET, CAROLINE	12 NAME	
STREET ADDRESS	1 RIVERSIDE AVE	13 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	14 CITY-ST-ZIP	
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	HOFFNER, SARA	22 NAME	
STREET ADDRESS	2751 S. DIXIE HIGHWAY	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	TIERNEY, NANCY	32 NAME	delete
STREET ADDRESS	401 SO MISSOURI AVE	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	BUFORD, JEAN	42 NAME	delete
STREET ADDRESS	277 N. MAGNOLIA DR.	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TD ☐ Change ☐ Addition
NAME	DEBOLT, CAROL ANN	52 NAME	Rene S. Gunter
STREET ADDRESS	200 RACETRACK RD, PO BOX 2949 NA	53 STREET ADDRESS	P.O. Box 191
CITY-ST-ZIP	FT WALTON BCH FL	54 CITY-ST-ZIP	Tampa, FL 33601
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: René S. Gunter — René S. Gunter — 2-24-95 — 813-259-7329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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