

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90040 024 ****70.00

DOCUMENT # 753981

1. Entity Name
**FLORIDA NEWSPAPER IN EDUCATION
COORDINATORS, INC.**



Principal Place of Business
**SUN-SENTINEL
333 SW 12 AVENUE
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**SUN-SENTINEL
333 SW 12 AVENUE
DEERFIELD BEACH, FL 33442 US**

24031627



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03262004 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2040357

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NICKERSON, GLEN
23170 HARBERVIEW ROAD
C/O CHARLOTTE SUN
PORT CHARLOTTE, FL 33980**

7. Name and Address of New Registered Agent

Name **Tara Henderson**

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

633 N. Orange Avenue

City **Orlando**

FL

Zip Code
32801

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

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE **CPD** ☐ Delete
NAME **BENDINGFIELD, LORI**
STREET ADDRESS **PO BOX 1949**
CITY-ST-ZIP **JACKSONVILLE, FL 32231**

TITLE **CPD** ☐ Delete
NAME **TAYLOR, GAIL**
STREET ADDRESS **PO BOX 191**
CITY-ST-ZIP **TAMPA, FL 33601**

TITLE **T** ☒ Delete
NAME **NICKERSON, GLEN**
STREET ADDRESS **23170 HARBERVIEW ROAD**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE **S** ☐ Delete
NAME **BADEN, LYNN**
STREET ADDRESS **333 SW 12 AVENUE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **CP** ☐ Delete
NAME **CHARLAND, MARY**
STREET ADDRESS **901 S TAMAMI TRL**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **CVP** ☒ Delete
NAME **DUKE, MELISSA**
STREET ADDRESS **PO BOX 1940**
CITY-ST-ZIP **PANAMA CITY, FL 32402**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CVP** ☒ Change ☐ Addition
NAME **Bedingfield, Lori**
STREET ADDRESS **PO Box 1949**
CITY-ST-ZIP **Jacksonville, FL 32231**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Change ☒ Addition
NAME **Henderson, Tara**
STREET ADDRESS **633 N Orange Avenue**
CITY-ST-ZIP **Orlando FL 32801**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CVP** ☐ Change ☒ Addition
NAME **Flowers, Roseann**
STREET ADDRESS **333 SW 12th St**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/27/04 407-420-5711