


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90013 017 ****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		
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 59-2040357	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HENDERSON, TARA 223 GROVE STREET ORLANDO, FL 32835			Name <u>Baden, Lynn</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>333 SW 12th AVE</u>		
			City <u>Deerfield Beach</u> FL Zip Code <u>33442</u>		
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 <u>Lynn E. Baden</u>				DATE <u>7/5/06</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	CVP	<input type="checkbox"/> Delete	TITLE	Corresponding Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BADEN, LYNN		NAME	<u>Pushkin, Jade</u>	
STREET ADDRESS	333 SW 12TH AVENUE		STREET ADDRESS	<u>PO Box 150</u>	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	<u>St. Petersburg, FL 33731</u>	
TITLE	CPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, GAIL		NAME		
STREET ADDRESS	PO BOX 191		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33601		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, TARA		NAME		
STREET ADDRESS	633 N. ORANGE AVE.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32801		CITY-ST-ZIP		
TITLE	CVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, ROSEANN		NAME		
STREET ADDRESS	333 SW 12 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	CP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLAND, MARY		NAME		
STREET ADDRESS	901 S TAMiami TRl		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34236		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	Recording Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERNBERG, KRISTEN		NAME	<u>Sternberg, Kristen</u>	
STREET ADDRESS	PO BOX 2831		STREET ADDRESS	<u>PO Box 2831</u>	
CITY-ST-ZIP	DAYTONA BEACH, FL 32117		CITY-ST-ZIP	<u>Daytona Beach, FL 32117</u>	
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: <u>Lynn E. Baden</u>				Date <u>7/5/06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	

40098084



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