

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753981

FILED
Jul 05, 2007
Secretary of State

Entity Name: FLORIDA NEWSPAPER IN EDUCATION COORDINATORS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2040357 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

Name and Address of New Registered Agent:

BADEN, LYNN
333 SW 12TH AVE
DEERFIELD BEACH, FL 33442 US

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: CVP () Delete
Name: BADEN, LYNN
Address: 333 SW 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CPD () Delete
Name: TAYLOR, GAIL
Address: PO BOX 191
City-St-Zip: TAMPA, FL 33601

Title: CS () Delete
Name: PUSHKIN, JODI
Address: PO BOX 150
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: CP () Delete
Name: CHARLAND, MARY
Address: 901 S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34236

Title: RS () Delete
Name: STERNBERG, KRISTEN
Address: PO BOX 2831
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: BADEN, LYNN
Address: 333 SW 12TH AVENUE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: CP (X) Change () Addition
Name: LETTERMAN, GRETCHEN
Address: PO BOX 150
City-St-Zip: SAINT PETERSBURG, FL 33731

Title: CVP (X) Change () Addition
Name: DAVIES, CRIS
Address: PO BOX 419000
City-St-Zip: MELBORNE, FL 32941

Title: CVP (X) Change () Addition
Name: CHARLAND, MARY
Address: 901 S TAMIAMI TRL
City-St-Zip: SARASOTA, FL 34236

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: LYNN BADEN

CP

07/05/2007

Electronic Signature of Signing Officer or Director

Date