2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753981

FILED Apr 10, 2008 Secretary of State

Entity Name: FLORIDA NEWSPAPER IN EDUCATION COORDINATORS, INC.

incipal Place of Busi	iness:	New Principal P	ace of Business:
INEL		FLORIDA PRESS	ASSOCIATION
AVENUE			
D BEACH, FL 33442	US	TALLAHASSEE, F	FL 32308 US
ailing Address:		New Mailing Add	dress:
INEL		FLORIDA PRESS	ASSOCIATION
AVENUE		2636 MITCHAM D	PR.
D BEACH, FL 33442	US	TALLAHASSEE, F	FL 32308 US
59-2040357 FEI Nu	mber Applied For ()	FEI Number Not Applicable () Certificate of Status Desired (X)
Address of Current I	Registered Agent:	Name and Addre	ss of New Registered Agent:
'NN			
THAVE			
D BEACH, FL 33442	US		
named entity submits	this statement for the c	urpose of changing its regis	stered office or registered agent, or both.
of Florida.		,	
o⊏.			
	ture of Registered Age	nt	 Date
_	tare or registered rige		
S AND DIRECTORS:		ADDITIONS/CHA	ANGES TO OFFICERS AND DIRECTOR
CP () Delete		Title:	() Change () Addition
BADEN, LYNN		Name:	
	00440		
DEERFIELD BEACH, FL	33442	City-St-∠ip:	
CP () Delete		Title:	() Change () Addition
* *	N	Name:	, ,
PO BOX 150		Address:	
SAINT PERTERSBURG, I	FL 33731	City-St-Zip:	
OVD () D-1-1		T:41-	() Ohamaa () Additi
CVP () Delete		Title:	() Change () Addition
DAVIES, CRIS		Name:	() Change () Addition
DAVIES, CRIS PO BOX 419000		Name: Address:	() Change () Addition
DAVIES, CRIS		Name:	() Change () Addition
DAVIES, CRIS PO BOX 419000		Name: Address:	() Change () Addition () Change () Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941		Name: Address: City-St-Zip:	· · · · · · · · · · · · · · · · · · ·
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL		Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY		Name: Address: City-St-Zip: Title: Name:	· · · · · · · · · · · · · · · · · · ·
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	()Change ()Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL		Name: Address: City-St-Zip: Title: Name: Address:	· · · · · · · · · · · · · · · · · · ·
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title:	()Change ()Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete STERNBERG, KRISTEN		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name:	()Change ()Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete STERNBERG, KRISTEN PO BOX 2831 DAYTONA BEACH, FL 32		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	() Change () Addition () Change () Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete STERNBERG, KRISTEN PO BOX 2831		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DIR	() Change () Addition () Change () Addition () Change (X) Addition
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete STERNBERG, KRISTEN PO BOX 2831 DAYTONA BEACH, FL 32		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DIR Name: Name: TOWE	() Change () Addition () Change () Addition () Change (X) Addition R, KAREN
DAVIES, CRIS PO BOX 419000 MELBORUNE, FL 32941 CVP () Delete CHARLAND, MARY 901 S TAMIAMI TRL SARASOTA, FL 34236 RS () Delete STERNBERG, KRISTEN PO BOX 2831 DAYTONA BEACH, FL 32		Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: DIR Name: Address: Address: City-St-Zip:	() Change () Addition () Change () Addition () Change (X) Addition
	AVENUE D BEACH, FL 33442 Ailing Address: INEL AVENUE D BEACH, FL 33442 59-2040357 FEI Nui Address of Current F INN TH AVE D BEACH, FL 33442 named entity submits to for Florida. EE: Electronic Signa AND DIRECTORS: CP () Delete BADEN, LYNN 333 SW 12TH AVENUE DEERFIELD BEACH, FL CP () Delete LETTERMAN, GRETCHEN PO BOX 150	AVENUE D BEACH, FL 33442 US Ailing Address: INEL AVENUE D BEACH, FL 33442 US 59-2040357 FEI Number Applied For () Address of Current Registered Agent: INN TH AVE D BEACH, FL 33442 US named entity submits this statement for the prof Florida. E: Electronic Signature of Registered Age AND DIRECTORS: CP () Delete BADEN, LYNN 333 SW 12TH AVENUE DEERFIELD BEACH, FL 33442 CP () Delete LETTERMAN, GRETCHEN	INEL AVENUE 2636 MITCHAM E TALLAHASSEE, FOR BEACH, FL 33442 US TALLAHASSEE, FLORIDA FOR BEACH, FL 33442 US TALLAHASSEE, FL AND BEACH, FL 33442 US

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: KAREN TOWER DIR 04/10/2008