


4-6-98

B-4231 C-

FILE NOW: FILING FEE IS \$61.25

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Apr 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **759401** (3)

1. Corporation Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXECUTIVES, INC.

Principal Place of Business

Mailing Address

**8759 BAYPONTE DRIVE
C/O SANDY OSTEEEN. EXEC DR.
TAMPA FL 33615****8759 BAYPONTE DRIVE
C/O SANDY OSTEEEN. EXEC DR.
TAMPA FL 33615**

3. Date Incorporated or Qualified

07/31/1981

4. FEI Number

59-2178356

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. Is this nonprofit corporation a homeowners association?

☐ Yes☒ No8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.☐ Yes☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

**OSTEEEN, SANDRA
8759 BAYPONTE DR.
TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GAMMOND, KAREN	
STREET ADDRESS	200 EAST VENICE AVE	
CITY-ST-ZIP	VENICE FL	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, DALE	
STREET ADDRESS	1624 MEADOWCREST BLVD	
CITY-ST-ZIP	CRYSTAL RIVER FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ANDERSON, GREG	
STREET ADDRESS	1939 SOUTH FEDERAL HWY	
CITY-ST-ZIP	STUART FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	OSTEEEN, SANDY	
STREET ADDRESS	8759 BAYPONTE DRIVE	
CITY-ST-ZIP	TAMPA FL	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JUNG, MIKE	
STREET ADDRESS	#1 GANNETT PLAZA	
CITY-ST-ZIP	MELBOURNE FL	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GESS, JOE	
STREET ADDRESS	202 S. PARKER STREET	
CITY-ST-ZIP	TAMPA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Karen Gammond Karen	
1.3 STREET ADDRESS	200 East Venice Ave	
1.4 CITY-ST-ZIP	Venice, FL	

2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Rogell, Pat	
2.3 STREET ADDRESS	2751 S. Dixie Hwy	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33405	

3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Anderson, Greg	
3.3 STREET ADDRESS	1939 South Federal Hwy	
3.4 CITY-ST-ZIP	Stuart, FL	

4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Weimar, Jay	
4.3 STREET ADDRESS	1 Riverside Ave.	
4.4 CITY-ST-ZIP	Jacksonville, FL 32231	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *Sandra B. Mortham* *S. Osteeen* 3/31/98 813-882-4979

CP2E037 (10/97)