FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

10	-		
DOCUME	NT#	7594	101

1. Corporation Name

FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXEC UTIVES, INC.

Principal Place of Business	
8759 BAYPOINTE DRIVE	
C/O SANDY OSTEEN, EXEC	DR.
TAMPA FI 33615	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State ---

Mailing Address

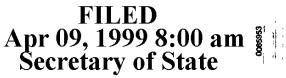
2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

8759 BAYPOINTE DRIVE C/O SANDY OSTEEN, EXEC DR. TAMPA FL 33615



04-09-1999 90023 013 ****70.00

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Applied For

\$8.7.5 Additional =

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

07/31/1981

59-2178356

4. FEI Number

3		28						100700	,
Zip	Country	Zip	Cou	ntry	- 1	lection Campaign Financing	' D	\$5.00	•
4	25	29	30			rust Fund Contribution	 _	Added to	Fees
	9. Name and Address of Current	Registered Agent		2-1	10. N	lame and Address of New	Registered	Agent	
				81 Name					
OSTEEN,	SANDRA			82 Street	Address (P.C). Box Number is Not Accep	table)		
	POINTE DR.				<u> </u>				
TAMPA FL				83					
				84 City				85 Zip C	ode
							FL		
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida S	tatutes, the al	ove-named	corporation s	submits this statement for th	e purpose of	changing its	egistered
office or re	o the provisions of Sections 617,0302 egistered agent, or both, in the State of n familiar with, and accept the obligation	Florida Such change w	as autnorized	by the comp	oration's boai	rd of directors, I hereby acc	ept the appoi	milleni as reg	istored
SIGNATURE			NOTE: Registered		manifed when soin	stating)	DATE		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	CARLIE O'SHRIFTIE		DITIONS/CHANGES TO O	_	ID DIRECTO	RS IN 12
TILE	VD OFFICERS AND	DELETI		LE	1/7			Change	Addition
-	GAMMOND, KAREN	×	1.2 NA	_	Checu	1 Moler			• •
NAME	200 EAST VENICE AVE			rre: Reet address	20 8	1 Moler			
STREET ADDRESS					(1 D	tersburg, Fl	33	731	
CITY-ST-ZIP	VENICE FL	☐ DELET		Y-ST-ZIP	31. 18	10.3000 P	<u> </u>	Change	Addition
TITLE	VD								
NAME	ROGELL, PAT		2.2 N	-					
STREET ADORESS	2751 S. DIXIE HWY			REET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL 33405	EZ pri Ez		TY-ST-ZIP	VD			Change	Addition
ml£	VD	Ø DELET	نتتن أنهست	LE محصورت	マリ		/	Chailde	TA TAGRET
NAME	ANDERSON, GREG		3.2 NA	WE	LIACK	-x 9009	• (
STREET ADDRESS	1939 SOUTH FEDERAL HWY		3.3 ST	REETADORESS	7.0.15	1 E1 3499	C_ 90	m G	
CITY-ST-ZIP	STUART FL			TY-ST-ZIP	STVar	Lien eman 0x 9009 + FL 3499	<u> </u>	EVChance.	Addition
TITLE	D	☐ DELET	_	LE		•		☐ Change	
NAME	OSTEEN, SANDY		4. 2 N	AME					
STREET ADDRESS	8759 BAYPOINTE DRIVE		4.3 ST	REET ADDRESS					
CITY-ST-ZIP	TAMPA FL			TY-ST-ZIP					
TITLE	P	☐ DELET						☐ Change	☐ Addition
NAME	ANDERSON, GREG		5.2 N						
STREET ADORESS	1939 S FED HWY		5.3 ST	REET ADDRESS					
CITY-ST-ZIP	STUART FL			TY-ST-ZIP	<u> </u>				
TITLE	-SD	☐ DELET	E 6.1 T	rue	VD			Change	Addition Addition
NAME	WEIMAR, JAY		6.2 N	WE					
STREET ADDRESS	1 RIVERS AVE		6.3 S7	REET ADDRESS	1				
CITY-ST-ZIP	JACKSONVILLE FL 32231		6.4 CI	TY-ST-ZIP					
44 1 51	certify that the information supplied with	this filing does not quali innual report is true and	fy for the eve	motion etate	d in Section	119 07(3)(i) Florida Statutes	I further ce	rtify that the is	formation

• 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 informatic 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, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99

813-882-4979