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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 759401

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 FL 33615

Mailing Address

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

07/31/1981

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2178356

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSTEEN, SANDRA
8759 BAYPOINTE DR.
TAMPA FL 33615

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD ☒ DELETE
NAME GAMMOND, KAREN
STREET ADDRESS 200 EAST VENICE AVE
CITY-ST-ZIP VENICE FL

1.1 TITLE VD ☐ Change ☒ Addition
1.2 NAME Cheryl Moler
1.3 STREET ADDRESS P.O. Box 1121
1.4 CITY-ST-ZIP St. Petersburg, FL 33731

TITLE VD ☐ DELETE
NAME ROGELL, PAT
STREET ADDRESS 2751 S. DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME ANDERSON, GREG
STREET ADDRESS 1939 SOUTH FEDERAL HWY
CITY-ST-ZIP STUART FL

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME Clark Lienemann
3.3 STREET ADDRESS P.O. Box 9009
3.4 CITY-ST-ZIP Stuart, FL 34995-9009

TITLE D ☐ DELETE
NAME OSTEEN, SANDY
STREET ADDRESS 8759 BAYPOINTE DRIVE
CITY-ST-ZIP TAMPA FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME ANDERSON, GREG
STREET ADDRESS 1939 S FED HWY
CITY-ST-ZIP STUART FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WEIMAR, JAY
STREET ADDRESS 1 RIVERS AVE
CITY-ST-ZIP JACKSONVILLE FL 32231

6.1 TITLE VD ☒ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-6-99

813-882-4979

Date

Daytime Phone #