


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90227 006 ****70.00

DOCUMENT # 759401 1. Entity Name FLORIDA NEWSPAPER ADVERTISING AND MARKETING EXECUTIVES, 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
OSTEEN, SANDRA 8759 BAYPOINTE DR. TAMPA FL 33615				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ FL Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Sandy Osteen</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>04-26-04</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MOLER, CHERYL		NAME	SD Steve Schmidt	
STREET ADDRESS	P.O. BOX 1719		STREET ADDRESS	P.O. Box 408	
CITY-ST-ZIP	SARASOTA FL 33578		CITY-ST-ZIP	Lakeland, FL 33802	
TITLE	P <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TORRES, ANIBAL		NAME	D Torres, Anibal	
STREET ADDRESS	633 N. ORANGE AVE		STREET ADDRESS	633 N. Orange Ave.	
CITY-ST-ZIP	ORLANDO FL 32801		CITY-ST-ZIP	Orlando, FL 32801	
TITLE	VD <input type="checkbox"/> Delete		TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAULMANN, BRUCE		NAME	P Faulmann, Bruce	
STREET ADDRESS	P.O. BOX 195		STREET ADDRESS	201 S. Parker	
CITY-ST-ZIP	TAMPA FL 33601		CITY-ST-ZIP	Tampa, FL 33602	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	OSTEEN, SANDY		NAME		
STREET ADDRESS	8759 BAYPOINTE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		CITY-ST-ZIP		
TITLE	VD <input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEVILLE, MOYA		NAME		
STREET ADDRESS	P.O. BOX 1719		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33578		CITY-ST-ZIP		
TITLE	SD <input type="checkbox"/> Delete		TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAMMOND, KAREN		NAME	VD Gammond, Karen	
STREET ADDRESS	PO BOX 921		STREET ADDRESS	PO. Box 921	
CITY-ST-ZIP	BRADENTON FL 34206		CITY-ST-ZIP	Bradenton, FL 34206	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Sandy Osteen</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>4-26-04</u> <u>813-882-4979</u> <small>Date Daytime Phone #</small>		