


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90045 010 ****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 Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2178356	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent OSTEEN, SANDRA 8759 BAYPOINTE DR. TAMPA, FL 33615				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	SD SCHMIDT, STEVE P.O. BOX 408 LAKELAND, FL 33802	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Schmidt, Steve P.O. Box 408 Lakeland, FL 33802	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRES, ANIBAL 633 N. ORANGE AVE ORLANDO, FL 32801	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Shurman, Mark One Riverside Ave. Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULMANN, BRUCE 201 S PARKER TAMPA, FL 33602	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	# T Weiming, Jay One Riverside Ave. Jacksonville, FL 32202	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTEEN, SANDY 8759 BAYPOINTE DRIVE TAMPA, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Neville, Moyn 490 1st Ave. S. St. Petersburg, FL 33731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NEVILLE, MOYA P.O. BOX 1719 SARASOTA, FL 33578	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Neville, Moyn 490 1st Ave. S. St. Petersburg, FL 33731	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GAMMOND, KAREN PO BOX 921 BRADENTON, FL 34206	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Neville, Moyn 490 1st Ave. S. St. Petersburg, FL 33731	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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>Sandra S. Osteen</u> Sandra S. Osteen 1-24-05 813-882-4977 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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