

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000005770

1. Entity Name
MEDIA EDUCATION FOUNDATION, INC.



Principal Place of Business
**888 EXECUTIVE CENTER DR. W #101
ST PETERSBURG, FL 33702**

Mailing Address
**888 EXECUTIVE CENTER DR. W #101
ST PETERSBURG, FL 33702**



04302004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4206112

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WATERS, JAMES
888 EXECUTIVE CENTER DR. W #101
ST PETERSBURG, FL 33702**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
JOHNSON, DALE
392 LAKEVIEW TERRACE
PALM HARBOR, FL 34683**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ALAN, JERRY
210 N PINE DR
TAMPA, FL 33613**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
WATERS, JAMES
888 EXECUTIVE CENTER DR. W #101
ST PETERSBURG, FL 33702**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000150469
05/04/04-800008-014 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

James Waters
JAMES WATERS

4-30-04 (206)8883147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #