FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

Principal Place of Business
101 E COLLEGE AVE
TALLAHASSEE FL 32301
110

FILED Feb 27, 1999 8:00 am § Secretary of State

	1999 DIVISION OF CORPORATIONS							02-27-1999 9	0066 027	7 ****61.2	:5	
 Corporation 						·						
FLORIDA ASSOCIATION OF BROADCASTERS, INCORPORATE D												
Principal Place of Business Mailing Address										• •		
101 E COLLEGE AVE 101 E COLLEGE AVE								i danın indəli ilələ biləl dibib idili	1811 11811 1181	. 	8 8 30	
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301												
ıs		US						' , TOO THE TOO STATE OF THE STATE STATE STATE STATES		F 010)1 Q1Q1(010)		
2. Principal P	lace of Business	Mailing Address	ng Address				3. Date Incorporated or Qualifed 03/14/1969					
Distant	4 oto	26	Suite, Apt. #, etc.				4.	- FEI Number		Anr	lied For	
Suite, Apt.	#, etc.	27	¬ ' ' '					59-0864165		<u> </u>	Applicable	
City & Stat	e e		City & State				5.	Certificate of Status Desired		\$8.75 A		
3	Country	28	Zip	Cour	ntrv		-	· Election Campaign Financing		\$5.00		
Zip ∏	25	29	Zip	30	1 y		٥.	Trust Fund Contribution		Added to		
• [9. Name and Address		ered Agent]			10.	Name and Address of New R	legistered /	\gent		
					81	Name	_	•			.	
ROBERTS, C. PATRICK						Street A	Address (f	P.O. Box Number is Not Accepta	ible)			
101 E COLLEGE AVE												
TALLAHASSEE FL 32301												
				ſ	84	City			FL	85 Zip C	ode	
-45	to the provisions of Sections egistered agent, or both, in m familiar with, and accept	the State of Florid	a. Such change was a Section 617.0503, Flo	utnorized rida Statu	by t tes.	ne corpo	ration's D	on submits this statement for the loard of directors. I hereby accep	t are appoin	changing its r training as reg	egistered istered	
	Signature, typed or printed name of re			Registered /	gent	signature re	equired when	reinstating) ADDITIONS/CHANGES TO OFF	DATE FICERS AN	D DIRECTOR	RS IN 12	
TLE	OFFI	CERS AND DIRE	DELETE	1.1 TITL	F		<u></u>	7,0011101107011111111111111111111111111		Change	✓ Addition	
AME	TIMM, BRUCE			1.2 NA			Cobb	, David				
TREET ADDRESS	3370 CAPITAL CIRCLE NE			1.3 STREET ADDRESS			1687	Quintet Rd				
ITY-ST-ZIP	TALLAHASSEE FL			1.4 CITY-ST-ZIP			Pace,	FL 32571				
ITLE	VC				2.1 TTLE					Change	Addition [
IAME	WOULFE, RONNA			2.2 NA	VE.							
TREET ADDRESS	194 NW 187TH ST			2.3 STF	REET.	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33169			2.4 CI	_	r-ZIP				Change	Addition.	
TILE	SD		☐ DELETE	3.1 7171					•	Claige	Addition	
AME	ANDREWS, CHRIS	חס		3.2 NAM		ADDRESS					-	
TREET ADDRESS	621 SW PINE ISLAND CAPE CORAL FL 3399			3.4. CIT		- 1						
rity-st-zip Itle	VCD		☐ DELETE	4.1 TTT		1-24	_	<u></u>		Change	Addition	
AME	PETERSON, BILL			4. 2 NA	ME			ı			}	
TREET ADDRESS	1100 FAIRFIELD DR			4.3 STF	ŒĒT.	ADDRESS						
TY-ST-ZIP	W PALM BEACH FL			4.4 CIT	Y-ST	-ZIP						
ITLE	D		DELETE	5.1 TITI			ر امنان	Lunda		Change	Addition	
IAME	CARR, JERRY	_		5.2 NA		ADDDESS	RARI	L, Unda , Baymeadows Rd, s	suite 10	7		
TREET ADDRESS	3401 S CONGRESS AV			5.3 STF 5.4 CIT		ADDRESS		sonville, FL 3225			1	
TY-ST-ZIP	BOYNTON BEACH FL	53426	☐ DELETE	6.1 TITL		-4.11	Jack	SOLVING LE 9335	<u> </u>	Change	Addition	
ITLE	PD Roberts, C. Patrick		ا المداد	6.2 NA		į					_	
AME				4		ADDRESS					\	
TREET ADDRESS	TALLALACCEE EL 2024			6.4 CIT		- 1						

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 truetee empowered to execute his 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.