FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **717001** **(2)**

1. Corporation Name

COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA , INC.

Principal Place of Business	Mailing Address
14901 N.E. 20 AVE. N. MIAMI FL 33161-1121	14901 N.E. 20 AVE. N. MIAMI FL 33161-1121

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/12/1969**
3a. Date of Last Report: **02/04/1994**
4. FEI Number: **59-0737868** ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business	26 2a. Mailing Address	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DOOLEY, GEORGE
14901 N.E. SESAME STREET
NORTH MIAMI FL 33261-0002

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☒ Change ☐ Addition
NAME	SERRALLES, MARJORIE E	12 NAME	ELMORE, GEORGE T.
STREET ADDRESS	1767 NW 79 AVE	13 STREET ADDRESS	2350 SOUTH CONGRESS AVENUE
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	DELRAY BEACH FL
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DOOLEY, GEORGE	22 NAME	
STREET ADDRESS	14901 NE 20TH AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	BERENS, FRED	32 NAME	
STREET ADDRESS	S.E. FINANCIAL CTR., STE. 3200	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	BATCHELOR, GEORGE E	42 NAME	
STREET ADDRESS	950 SE 12TH ST	43 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	CARROLL, SHIRLEY C	52 NAME	
STREET ADDRESS	14901 NE 20TH AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☒ Change ☐ Addition
NAME	SALVATORE/HERRON, DIANE	62 NAME	SISSON, RITA J.
STREET ADDRESS	14901 NE 20TH AVE	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

GEORGE DOOLEY

0048008