

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90184 017 ****61.25

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03022006 Chg-NP CR2E037 (11/05)

DOCUMENT # 717001 1. Entity Name COMMUNITY TELEVISION FOUNDATION OF SOUTH FLORIDA, INC.					
Principal Place of Business 14901 N.E. 20 AVE. N. MIAMI, FL 33181-1121			Mailing Address 14901 N.E. 20 AVE. N. MIAMI, FL 33181-1121		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-0737868	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent SCHNEIDER, RICHARD W 14901 N.E. 20TH AVENUE MIAMI, FL 33181				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	D JORDAN, ROBERT K 10480 SW 122ND STREET MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C JORDAN, ROBERT K 10480 SW 122ND STREET MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, RICHARD K 14901 NE 20TH AVENUE MIAMI, FL 33176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHNEIDER, RICHARD W 14901 NE 20TH AVENUE MIAMI, FL 33181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERENS, FRED S.E. FINANCIAL CTR., STE. 3200 MIAMI, FL	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C YARDLEY, HERBERT 777 N SR 7 FORT LAUDERDALE, FL 33317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YARDLEY, HERBERT 777 N SR 7 FORT LAUDERDALE, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARROLL, SHIRLEY C 14901 NE 20TH AVE MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MENDOZA, CHRISTINA L 11200 SW 8 ST, PC 545 MIAMI, FL 33199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOCIAS, PEGGY 14901 NE 20TH AVE. MIAMI, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 and all other like empowered.					
SIGNATURE:				Richard W. Schneider 3/3/06 305-949-8321	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	