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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 733754 (6)
1. Corporation Name
THE NATHAN B. STUBBLEFIELD FOUNDATION, INC.



Principal Place of Business 1210 E. BUFFALO AVE. TAMPA FL 33603-4417	Mailing Address 1210 E. BUFFALO AVE. TAMPA FL 33603
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3. Date Incorporated or Qualified 09/05/1975	3a. Date of Last Report 02/28/1996
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2. Principal Place of Business 21 1210 East Martin Luther King Blvd. Suite, Apt. #, etc.	2a. Mailing Address 26 1210 E. Martin Luther King Blvd. Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

4. FEI Number 59-1619213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WYNNE, RANDALL R.
1210 E MARTIN LUTHER KING JR BLVD
TAMPA FL 33603**

10. Name and Address of New Registered Agent
81 Name Richard N. Eiswerth
82 Street Address (P.O. Box Number is Not Acceptable) 1210 East Martin Luther King Jr. Blvd.
83
84 City Tampa FL 85 Zip Code 33603

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE:  **Station Manager** **1/31/97**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE
NAME	SCHMOLL, HERB	1.2 NAME
STREET ADDRESS	1987 GEORGIA CIRCLE S	1.3 STREET ADDRESS
CITY-ST-ZIP	CLEARWATER FL	1.4 CITY-ST-ZIP
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE
NAME	LEE, BILL	2.2 NAME
STREET ADDRESS	5401 40TH AVE.N.	2.3 STREET ADDRESS
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE
NAME	BOBO, ANTHONY	3.2 NAME
STREET ADDRESS	7501 OKEECHOBEE COURT	3.3 STREET ADDRESS
CITY-ST-ZIP	TEMPLE TERRACE FL	3.4 CITY-ST-ZIP
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME	LEHMANN, ED	4.2 NAME
STREET ADDRESS	4612 NAVAJO AVE.	4.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE
NAME	DAVIS, HELEN GORDON	5.2 NAME
STREET ADDRESS	45 ADALIA	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE
NAME	FOX, SUSAN	6.2 NAME
STREET ADDRESS	2801 OLD BAYSHORE WAY	6.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	6.4 CITY-ST-ZIP

1.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LOUIS PUTNEY
1.3 STREET ADDRESS	2613 WATROUS AVE
1.4 CITY-ST-ZIP	TAMPA, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:  **Station Manager** **1/31/97** **(813)238-8001**

CR2E037 (9/96)

NATHAN B. STUBBLEFIELD BOARD OF DIRECTORS

Lou Putney
President
2613 Watrous Avenue
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Work: 831-3376
Home: 253-3244
Fax: 831-8770
Cell Phone: 245-5399

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Home: 526-4245
Fax: 974-3651

Susan Fox
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Secretary
7501 Okeechobee Court
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Home: 980-2919
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Pager: 216-6484

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1987 Georgia Circle South
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Home: 532-8203
Pager: 468-0854

Randy Wynne
5118 Seminole Avenue
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Home: 237-1235
Pager: 202-3660

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15702 Bovine Place
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Home: 963-1470
Pager: 202-3653