

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:02

DOCUMENT # 739617 (9)

1. Corporation Name  
FLORIDA PUBLIC BROADCASTING SERVICE, INC.

Principal Place of Business Mailing Address  
P.O. BOX 20066 TALLAHASSEE FL 32316-0066 P.O. BOX 20066 TALLAHASSEE FL 32316-0066

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/08/1977 3a. Date of Last Report 02/21/1994  
4. FEI Number 59-2085219 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 24 Country 25 29 Zip 30 Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes.  Yes  No

9. Name and Address of Current Registered Agent  
THOMAS, JOHN M  
THE CAPITOL  
SUITE 901  
TALLAHASSEE, F 32399

10. Name and Address of New Registered Agent  
81 Name James D. Moran  
82 Street Address (P.O. Box Number is Not Acceptable) The Capitol  
83 Suite 901  
84 City Tallahassee FL 85 Zip Code 32399

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 *[Signature]* DATE 1/17/95  
(NOTE: Registered Agent signatures required when reconstituting)

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	HECK, JAMES
STREET ADDRESS	4202 FOWLER AVE
CITY-ST-ZIP	TAMPA FL
TITLE	I
NAME	LEHNER, RICHARD A
STREET ADDRESS	1200 WEIMER HALL
CITY-ST-ZIP	GAINESVILLE FL
TITLE	I
NAME	ROGERS, STEVE
STREET ADDRESS	1300 N BOULEVARD
CITY-ST-ZIP	TAMPA FL
TITLE	SD
NAME	NAPIER, EUGENE
STREET ADDRESS	100 FESTIVAL PARK AVE.
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	C
NAME	PIZZATO, ALLAN
STREET ADDRESS	1000 COLLEGE BLV/ JR COL
CITY-ST-ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S Jim Holmes
4.3 STREET ADDRESS	3209 Virginia Ave
4.4 CITY-ST-ZIP	Ft. Pierce, FL 33450
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	<input 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 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE 1/17/95 (904) 224-3784  
(NOTE: Signature and typed or printed name of signing officer or director)