

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 739617 (9)
1. Corporation Name

FLORIDA PUBLIC BROADCASTING SERVICE, INC.



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

3. Date Incorporated or Qualified: 07/08/1977
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-2085219
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 400 S Monroe St The Capital
22 Suite, Apt. #, etc.: 9 0 1
23 City & State: Tallahassee, FL
24 Zip: 32399 25 Country: USA
2a. Mailing Address: 27 P.O. Box 1 0 9 1 0
28 City & State: Tallahassee, FL
29 Zip: 32302-2910 30 Country: USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORAN, JAMES D.
THE CAPITOL
SUITE 901
TALLAHASSEE FL 32399

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 300001 2008
83 -03/21/96 --01015--017
84 City: TALLAHASSEE
85 Zip Code: FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	HECK, JAMES	
STREET ADDRESS	4202 FOWLER AVE	
CITY-ST-ZIP	TAMPA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LEHNER, RICHARD A	
STREET ADDRESS	1200 WEIMER HALL	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROGERS, STEVE	
STREET ADDRESS	1300 N BOULEVARD	
CITY-ST-ZIP	TAMPA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HOLMES, JIM	
STREET ADDRESS	3209 VIRGINIA AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PIZZATO, ALLAN	
STREET ADDRESS	1000 COLLEGE BLV/ JR COL	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James B Heck	
1.3 STREET ADDRESS	4202 Fowler Ave WRB-219	
1.4 CITY-ST-ZIP	Tampa, FL 33620-6860	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steve Rogers	
2.3 STREET ADDRESS	1300 North Blvd	
2.4 CITY-ST-ZIP	Tampa, FL 33607	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Madison Hodges	
3.3 STREET ADDRESS	1600 Red Barber Plaza	
3.4 CITY-ST-ZIP	Tallahassee, FL 32310	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patrick Crawford	
4.3 STREET ADDRESS	11000 University Parkway	
4.4 CITY-ST-ZIP	Pensacola, FL 32514	
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dr. Don A. Thigpen	
5.3 STREET ADDRESS	1200 Volusia Ave	
5.4 CITY-ST-ZIP	Daytona Beach, FL 32120-9245	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ James D. Moran 1.22.96 904 414-9990
Date Daytime Phone #

CR2E037 (12/95) 320-1990