


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 21 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # 739617 (9)**  
1. Corporation Name  
**FLORIDA PUBLIC BROADCASTING SERVICE, INC.**



Principal Place of Business <b>400 S MONROE ST. THE CAPITOL 901 TALLAHASSEE FL 32399</b>	Mailing Address <b>P.O. BOX 10910 TALLAHASSEE FL 32301-2910</b>
---	--

3. Date Incorporated or Qualified  
**07/08/1977**

4. FEI Number <b>59-2085219</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 217 John Knox Rd 22 Suite, Apt. #, etc. Ste 200 23 City & State Tallahassee, FL 24 Zip 32303 25 Country Leon	2a. Mailing Address 26 27 Suite, Apt. #, etc. 28 City & State 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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**MORAN, JAMES D.  
THE CAPITOL  
SUITE 901  
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent

81 Name <b>James D. Moran</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>217 John Knox Rd</b>
83 <b>Ste 200</b>
84 City <b>Tallahassee</b>
85 Zip Code <b>FL 32303</b>

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 NAME STREET ADDRESS CITY-ST-ZIP	CD HECK, JAMES 24B 219 4202 FOWLER AVE TAMPA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEHNER, RICHARD A 1200 WEIMER HALL GAINESVILLE FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGERS, STEVE 1300 N BOULEVARD TAMPA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRAWFORD, PAT 11000 UNIVERSITY PKWY PENSACOLA FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PIZZATO, ALLAN 1000 COLLEGE BLV/ JR COL PENSACOLA FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THIGPEN, DON 1200 W INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P James D. Moran 7312 Masterson Ln Tallahassee, FL 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	S Stephen McKenney Steck 11510 E. Colonial Dr Orlando, FL 32817-4699 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D William G. Dresser 100 Festival Park Ave Jacksonville, FL 32302 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:**  **SIGNATURE REQUIRED** January 8, 1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)