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NONPROFIT CORPORATION ANNUAL REPORT 1999

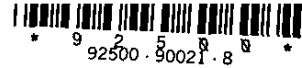


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 739617

1. Corporation Name
FLORIDA PUBLIC BROADCASTING SERVICE, INC.

Principal Place of Business: 217 JOHN KNOX RD, 200 TALLAHASSEE FL 32303 US
 Mailing Address: P.O. BOX 10910, TALLAHASSEE FL 32301-2910



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	07/08/1977
23	City & State	City & State	4. FEI Number
24	Zip	Zip	59-2085219
25	Country	Country	Applied For
26			Not Applicable
27			5. Certificate of Status Desired <input type="checkbox"/>
28			\$8.75 Additional Fee Required
29			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30			\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MORAN, JAMES D. 217 JOHN KNOX RD STE 200 TALLAHASSEE FL 32303		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P MORAN, JAMES D <input type="checkbox"/> DELETE	1.1 TITLE	P MORAN, James D, <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, JAMES D	1.2 NAME	MORAN, James D,
STREET ADDRESS	7312 MASTERSON LANE	1.3 STREET ADDRESS	1066 Tallavana Trail
CITY-ST-ZIP	TALLAHASSEE FL 32311	1.4 CITY-ST-ZIP	Havana, FL 32333
TITLE	TD LEHNER, RICHARD A <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEHNER, RICHARD A	2.2 NAME	
STREET ADDRESS	1200 WEIMER HALL	2.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	
TITLE	CD ROGERS, STEVE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, STEVE	3.2 NAME	
STREET ADDRESS	1300 N BOULEVARD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D CRAWFORD, PAT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAWFORD, PAT	4.2 NAME	
STREET ADDRESS	11000 UNIVERSITY PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL	4.4 CITY-ST-ZIP	
TITLE	S STECK, STEPHEN M <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STECK, STEPHEN M	5.2 NAME	
STREET ADDRESS	11510 E COLONIAL DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	5.4 CITY-ST-ZIP	
TITLE	D DRESSER, WILLIAM G <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRESSER, WILLIAM G	6.2 NAME	
STREET ADDRESS	100 FESTIVAL PARK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32302	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 1/5/99 (850) 414-9990
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)