

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90001 038 ****61.25

40027814



03022006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-2141826 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # 760583
1. Entity Name
WPBT COMMUNICATIONS FOUNDATION, INC.



Principal Place of Business
C/O RICHARD SCHNEIDER
14901 NE 20TH AVENUE
N. MIAMI, FL 33181-1121

Mailing Address
C/O RICHARD SCHNEIDER
14901 NE 20TH AVENUE
N. MIAMI, FL 33181-1121

2. Principal Place of Business
C/O RICHARD W SCHNEIDER
Suite, Apt. #, etc.
14901 NE 20TH AVENUE
City & State
MIAMI, FL
Zip
33181-1121
Country
USA

3. Mailing Address
C/O RICHARD W SCHNEIDER
Suite, Apt. #, etc.
14901 NE 20TH AVENUE
City & State
MIAMI, FL
Zip
33181-1121
Country
USA

6. Name and Address of Current Registered Agent
SCHNEIDER, RICHARD W
14901 NE 20TH AVE.
MIAMI, FL 33181-1121

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD BERENS, FRED 3200 SE FINANCIAL CENTER MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D YARDLEY, HERBERT 777 N SR 7 FORT LAUDERDALE, FL 33317 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P SCHNEIDER, RICHARD W 14901 NE 20TH AVE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HUSTON, EDWIN A 3600 NW 82ND AVE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D NEWHAUSER, RICHARD R 2333 FISHER ISLAND DR. MIAMI BEACH, FL 33109 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARROLL, SHIRLEY C 14901 NE 20TH AVE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SOCIAS, PEGGY 14901 NE 20TH AVE MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard W. Schneider 3/6/06 305-949-8321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #