


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90217 019 \*\*\*\*61.25

**DOCUMENT # N99000004590**  
 1. Entity Name  
 SPIRIT RADIO OF NORTH FLORIDA, INC.



Principal Place of Business 412 NE 16TH AVE GAINESVILLE, FL 32601	Mailing Address 412 NE 16TH AVE GAINESVILLE, FL 32601
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**50019745**



**DO NOT WRITE IN THIS SPACE**

02102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3600375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 GUIDI, DENNIS E  
 1837 HENDRICKS AVE  
 JACKSONVILLE, FL 32207

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JULIEN, ROLAND M 412 NE 16TH AVE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>HAUT, VINCENT J</del> <del>11025 OLD ST AUGUSTINE RD</del> <del>JACKSONVILLE, FL 32258</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALEONE, VICTOR B 11625 OLD ST AUGUSTINE RD JACKSONVILLE, FL 32258
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, CHARLES 7759 SE CR 18 HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAMER, MARY 7759 SW CR 18 HAMPTON, FL 32044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUSE, CONNIE 10453 SW 66 AVE HAMPTON, FL 32044

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12. 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 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: Roland M. Julien **ROLAND M. JULIEN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 2/16/05 Daytime Phone # 352/372-4641