

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 739617

**Entity Name:** FLORIDA PUBLIC BROADCASTING SERVICE, INC.

**Current Principal Place of Business:**

360 CENTRAL AVENUE STE 980  
ST. PETERSBURG, FL 33731

**Current Mailing Address:**

P.O BOX 1691  
ST. PETERSBURG, FL 33731 US

**FEI Number: 59-2085219**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

YACK, PATRICK  
204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title ED  
Name YACK, PATRICK  
Address 204 S. MONROE ST  
City-State-Zip: TALLAHASSEE FL 32301

Title P-CHAIR  
Name SUKHDEO, DELORES  
Address 14901 NE 20TH AVENUE  
City-State-Zip: MIAMI FL 33181

Title V-CHAIR  
Name CULKEEN, BOB  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504

Title CHAIR  
Name WRIGHT, RANDALL  
Address UNIVERSITY OF FLORIDA  
2200 A WEIMER HALL  
City-State-Zip: GAINESVILLE FL 32611

Title TREASURER  
Name MULLINS, DAVID  
Address 1600 RED BARBER PLAZA  
City-State-Zip: TALLAHASSEE FL 32310

Title S  
Name SHUMAKER, AMY  
Address 10501 FGCU BLVD S  
City-State-Zip: FT MYERS FL 33965

Title ALARGE  
Name HOFFMAN, PHIL  
Address 12461 RESEARCH PARKWAY  
STE 550  
City-State-Zip: ORLANDO FL 32826

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: PATRICK YACK**

**EXECUTIVE DIRECTOR**

**02/21/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date