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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(9)

PENSACOLA F.M. REPEATER ASSOCIATION, INC.

## FILED Mar 13 1997 8:00am Secretary of State



Principal Place						<u> </u>		
•	e of Business	Mailing Address						
1307 HOLLIDAY DRIVE 1307 HO GULF BREEZE FL 32561 GULF BR			RIVE 32561-2531					
OOL DILLEL	- L 050V					Date Incorporated or Qualified	3a. Date of Last	Report
						04/23/1971	02/16/1	
`	lace of Business	2a. Mailing Addre	SS	,	······································	4. FEI Number	<del></del>	pplied For
21	26 Suite Ap # 4							lot Applicable
22			Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required		
City & State	City & State		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	C	ountry		8. This corporation has liability for it		s. 199.032,
24	25	29	30				Yes 🖫 No	
	9. Name and Address of Currer	nt Registered Agent		<del>ا ا ا</del>		10. Name and Address of New Res	glatered Agent	
				81	Name			
RHODES, EUGENE					82 Street Address (P.O. Box Number is Not Acceptable)			······
1307 HOLLIDAY DR								
GULF BREEZE FL FL 32581				83				
				84	City		85 Zip	Code
							FL "	
11. Pursuant to	to the provisions of Sections 617.050 registered agent, or both, in the State	)2 and 617.1508, Florida of Florida. Such chanc	a Statutes, the ie was authoriz	above ed by	e-named corp the corporat	poration submits this statement for the polion's board of directors. I hereby accept	urpose of changing it the appointment a	its registered s realistered
agent. I a	m familiar with, and accept the oblig	ations of, Section 617.0	503, Florida Si	atutes	\$,	•		
SIGNATURE	Signature typed or printed name of registered ag-		OPATE De l'A				DATE	
12.		ID DIRECTORS	(NOTE: Registe		int signature requi	red when reinstaling) ADDITIONS/CHANGES TO OFFICE		IRS IN 12
TITLE	TD	DEL		TITLE		ADDITIONS/OFFINIALS TO OFFIC	Change	
NAME	RHODES, EUGENE			NAME	i			
STREET ADDRESS	1307 HOLLIDAY DR		1		ADDRESS			
CITY-ST-ZIP	GULF BREEZE FL			CITY-S	· •			
TITLE	ST	☐ DEL		TITLE	1-64		Change	Addition
NAME	LANKFORD, JON C.	<del></del>		NAME			•	_
STREET ADDRESS	2855 NORTH MAGNOLIA AV	ENUE			ADDRESS			
CITY-ST-ZIP	PENSACOLA FL	5,102	<b>1</b>	4 CITY-				
TITLE	PD	☐ DEL		TITLE	<u> </u>	<u> </u>	Change	Addition
NAME	BARR, WAYNE		3.2	NAME			_	
STREET ADDRESS	1360 LAPAZ ST.		3.3	STREET	ADDRESS			
CITY-ST-ZIP	PENSACOLA FL			CITY-S				
WILL STEEL I	VD			TITLE	<del></del>		Change	☐ Addition
TITLE		☐ D€L						
	l '	[] Dŧl		2 NAME	- 1		·	
TITLE	LOWE, HARRY 7762 CHESTERFIELD RD.	[] DEL	4.5		ADDRESS			
TITLE NAME	LOWE, HARRY	<del></del>	4.5 4.3 4.4		1			
TITLE NAME STREET ADDRESS	LOWE, HARRY 7762 CHESTERFIELD RD.	DEL	4.5 4.3 4.4	STREET	1		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWE, HARRY 7762 CHESTERFIELD RD.	<del></del>	4.; 4.3 4.4 ETE 5.1	STREET	1			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LOWE, HARRY 7762 CHESTERFIELD RD.	<del></del>	4 : 43 4.4 ETE 5.1 5.2	STREET CITY-S TITLE NAME	1			Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	LOWE, HARRY 7762 CHESTERFIELD RD.	☐ DEL	4.: 4.3 4.4 ETE 5.1 5.2 5.3	STREET CITY-S TITLE NAME	ADDRESS		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	LOWE, HARRY 7762 CHESTERFIELD RD.	<del></del>	4.: 4.3 4.4 ETE 5.1 5.2 5.3	STREET CITY-S TITLE NAME STREET	ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOWE, HARRY 7762 CHESTERFIELD RD.	☐ DEL	4.3 4.4 ETE 5.1 5.2 5.3 5.4 ETE 6.1	STREET CITY-S TITLE NAME STREET CITY-S	ADDRESS		Change	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	LOWE, HARRY 7762 CHESTERFIELD RD.	☐ DEL	4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 : 4 :	STREET CITY-S TITLE NAME STREET CITY-S TITLE	ADDRESS		Change	

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.

HONOR DE LA RESTOR

3/10/97

904-432-2206

Daytime Phone # 0074197