

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **720774** (9)
1. Corporation Name
PENSACOLA F.M. REPEATER ASSOCIATION, INC.

Principal Place of Business 1307 HOLLIDAY DRIVE GULF BREEZE FL 32561	Mailing Address 1307 HOLLIDAY DRIVE GULF BREEZE FL 32561
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3. Date Incorporated or Qualified
04/23/1971

4. FEI Number 59-2947562	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHODES, EUGENE
1307 HOLLIDAY DR
GULF BREEZE FL FL 32561**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PD
NAME	RHODES, EUGENE	1.2 NAME	CRIS CARABALLO
STREET ADDRESS	1307 HOLLIDAY DR	1.3 STREET ADDRESS	1051 FLEMING DRIVE
CITY - ST - ZIP	GULF BREEZE FL	1.4 CITY - ST - ZIP	PENSACOLA FL
TITLE	ST	2.1 TITLE	VD
NAME	LANKFORD, JON C.	2.2 NAME	RAY KILLOUGH
STREET ADDRESS	2855 NORTH MAGNOLIA AVENUE	2.3 STREET ADDRESS	1450 KINGS LAKE DRIVE
CITY - ST - ZIP	PENSACOLA FL	2.4 CITY - ST - ZIP	CANTONMENT FL
TITLE	PD	3.1 TITLE	
NAME	BARR, WAYNE	3.2 NAME	
STREET ADDRESS	1380 LAPAZ ST.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	
NAME	LOWE, HARRY	4.2 NAME	
STREET ADDRESS	7762 CHESTERFIELD RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	PENSACOLA FL 32508	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE:  JON C. LANKFORD

4/16/98 850-432-2206

CR2E037 (10/97)