


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 AM
Secretary of State

DOCUMENT # 720774 1. Entity Name PENSACOLA F.M. REPEATER ASSOCIATION, INC.	
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Principal Place of Business 1051 FLEMING DRIVE PENSACOLA, FL 32514	Mailing Address 1051 FLEMING DRIVE PENSACOLA, FL 32514
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04012007 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2947562	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARABALLO, CRIS
1051 FLEMING DRIVE
PENSACOLA, FL 32514**

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IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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	TD CARABALLO, CRIS 1051 FLEMING DRIVE PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANKFORD, JON C. 2855 NORTH MAGNOLIA AVENUE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARABALLO, CRIS 1051 FLEMING DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEBLANC, ALFORD 118 W HIGHLAND DR PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/13/07-80036-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Jon C. Lankford 7/1/2007 850.982.9359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #