

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
Tallahassee, Florida 32399-0001

FILED
95 MAY 1 11 50 AM
TALLAHASSEE, FLORIDA

DOCUMENT # 760583 (5)

WPBT COMMUNICATIONS FOUNDATION, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1981
3a. Date of Last Report 02/02/1994
4. FEI Number 59-2141826
Applied For Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
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9. Name and Address of Current Registered Agent
DOOLEY, GEORGE
14901 NE 20TH AVENUE
MIAMI FL 33261-7002

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City
05 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607 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 607 0505, Florida Statutes.

SIGNATURE _____
(Signature Agent in printed name of registered agent and their representative) (Signature Registered Agent in printed name of registered agent and their representative)

12. OFFICERS AND DIRECTORS
11 TITLE CD
12 NAME BERENS, FRED
13 STREET ADDRESS 3200 SE FINANCIAL CENTER
14 CITY, ST, ZIP MIAMI FL
21 TITLE P
22 NAME DOOLEY, GEORGE
23 STREET ADDRESS 14901 NE 20TH AVE
24 CITY, ST, ZIP MIAMI FL
31 TITLE D
32 NAME HUSTON, EDWIN A
33 STREET ADDRESS 3600 NW 82ND AVE
34 CITY, ST, ZIP MIAMI FL
41 TITLE D
42 NAME SMITH, SAMUEL S
43 STREET ADDRESS 701 BRICKELL AVE
44 CITY, ST, ZIP MIAMI FL
51 TITLE T
52 NAME CARROLL, SHIRLEY C
53 STREET ADDRESS 14901 NE 20TH AVE
54 CITY, ST, ZIP MIAMI FL
61 TITLE S
62 NAME SALVATORE, HERRON D
63 STREET ADDRESS 14901 NE 20TH AVE
64 CITY, ST, ZIP MIAMI FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP
31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP
41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP
61 TITLE ☒ Change ☐ Addition
62 NAME SISSON, RITA J.
63 STREET ADDRESS
64 CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(b), 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 person or persons 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: *George Dooley*
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR
GEORGE DOOLEY
4-25-95
0045007