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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763901

1. Corporation Name

JACKSONVILLE AREA RADIO STATION ASSOCIATION, INC  
INCORPORATED

Principal Place of Business

P.O. BOX 1074  
PONTE VEDRA BCH FL 32004  
US

Mailing Address

P.O. BOX 1074  
PONTE VEDRA BCH FL 32004  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/24/1982

4. FEI Number

59-2380139

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

9. Name and Address of Current Registered Agent

SCHWARTZ, MARK  
9090 HOGAN ROAD  
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

Linda Byrd

82 Street Address (P.O. Box Number is Not Acceptable)

8386 Baymeadows Rd.

83

84 City

Jacksonville

FL

85 Zip Code

32256

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, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHWARTZ, MARK  
STREET ADDRESS 9090 HOGAN ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE VPD ☐ DELETE

NAME BYRD, LINDA  
STREET ADDRESS 8386 BAYMEADOWS RD  
CITY-ST-ZIP JACKSONVILLE FL

TITLE D ☐ DELETE

NAME LES SAMUELS  
STREET ADDRESS 5555 RADIO LANE  
CITY-ST-ZIP JACKSONVILLE FL 32205

TITLE PD ☐ DELETE

NAME WEATHERBY, BUC  
STREET ADDRESS 1086 CORPORATE SQ BLVD  
CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PO ☒ Change ☐ Addition

1.2 NAME Byrd, Linda  
1.3 STREET ADDRESS 8386 Baymeadows Rd.  
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE VPD ☒ Change ☒ Addition

2.2 NAME Ralph Christian  
2.3 STREET ADDRESS 10942 E. Balmoral Cir, Suite 1  
2.4 CITY-ST-ZIP Jacksonville, FL 32218

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Mark Schwartz  
3.3 STREET ADDRESS 9090 Hogan Rd  
3.4 CITY-ST-ZIP Jacksonville, FL 32216

4.1 TITLE D ☐ Change ☐ Addition

4.2 NAME Les Samuels  
4.3 STREET ADDRESS 5555 Radio Lane  
4.4 CITY-ST-ZIP Jacksonville, FL 32205

5.1 TITLE D ☐ Change ☐ Addition

5.2 NAME Buc Weatherby  
5.3 STREET ADDRESS 1086 Corporate Sq. Blvd.  
5.4 CITY-ST-ZIP Jacksonville, FL 32216

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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 the 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, with all other like information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)