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Feb 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **768642** (1)

1. Corporation Name

**COASTAL EDUCATIONAL BROADCASTERS, INC.**

Principal Place of Business

Mailing Address

**1200 INTERNATIONAL SPEEDWAY BLVD.  
BUILDING 2, ROOM 103  
DAYTONA BEACH FL 32120-9245  
US**

**P.O. BOX 9245  
DAYTONA BEACH FL 32120-9245  
US**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HEEBNER, PETER B.  
523 N. HALIFAX AVENUE  
DAYTONA BEACH FL 32118**

81 Name

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

83

84 City

**FL**

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 ☐ DELETE  
NAME **DC**  
STREET ADDRESS **THIGPEN, MARY G**  
CITY-ST-ZIP **945 MARIE CIRCLE**  
**ORMOND BEACH FL 32176**

1.1 TITLE **DC** ☒ Change ☐ Addition  
1.2 NAME **Bennett, Mary G**  
1.3 STREET ADDRESS **945 Marie Circle**  
1.4 CITY-ST-ZIP **Ormond Beach, Florida 32176**

TITLE ☐ DELETE  
NAME **S**  
STREET ADDRESS **VAN KIRK, JACQUELINE**  
CITY-ST-ZIP **1200 INTERNATIONAL SPEEDWAY BOULEVARD**  
**DAYTONA BEACH FL**

2.1 TITLE **P** ☐ Change ☒ Addition  
2.2 NAME **Thigpen, Don A**  
2.3 STREET ADDRESS **1200 International Speedway Boulevard**  
2.4 CITY-ST-ZIP **Daytona Beach, Florida**

TITLE ☐ DELETE  
NAME **VP**  
STREET ADDRESS **ADKINS, RUSSELL**  
CITY-ST-ZIP **1200 VOLUSIA AVENUE**  
**DAYTONA BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **T**  
STREET ADDRESS **MOJOCK, CHARLES R**  
CITY-ST-ZIP **1200 INTERNATIONAL SPEEDWAY BOULEVARD**  
**DAYTONA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **LICHTIGMAN, CHARLES**  
CITY-ST-ZIP **1030 VOLUSIA AVE.**  
**DAYTONA BEACH FL**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **EVANS, JOHN**  
CITY-ST-ZIP **901 SUNSET AVENUE**  
**ORANGE CITY FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Don A Thigpen* 2/2/97 (904) 254-3081

CR2E037 (9/96)