FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 19 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770039 (6)

1. Corporation Name

SOUTHWEST FLORIDA EDUCATIONAL CORPORATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
WSOR CHRISTIAN RADIO 940 TARPON ST. FT MYERS FL 33916	WSOR CHRISTIAN RADIO 940 TARPON ST. FT MYERS FL 33916

3. Date Incorporated or Qualified: 08/30/1983
3a. Date of Last Report: 03/29/1994
4. FEI Number: 59-6080507 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

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 S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SIMON, W.A.
940 TARPON STREET
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, DARWIN	1.2 NAME		
STREET ADDRESS	4420 ORANGE RV LOOP RD	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, TERRY	2.2 NAME		
STREET ADDRESS	996 RIDGEWAY DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTH FORT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	GROFF, NICK	3.2 NAME	SCOTT, WES	
STREET ADDRESS	18990 SERENOA CT.	3.3 STREET ADDRESS	3770 Washington Avenue	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	D	4.1 TITLE	D/S/T	☒ Change ☐ Addition
NAME	MORROW, ROBERT	4.2 NAME	ROGERS, CARL	
STREET ADDRESS	390 PONDELLA ROAD	4.3 STREET ADDRESS	13131 Hickory Grove Court	
CITY-ST-ZIP	N. FT MYERS FL	4.4 CITY-ST-ZIP	Fort Myers, FL	
TITLE	STD	5.1 TITLE	D	☒ Change ☐ Addition
NAME	HILL, JIM	5.2 NAME	MILLER, HAROLD	
STREET ADDRESS	3153 RIVER GROVE CIRCLE	5.3 STREET ADDRESS	17911 Leetana Road	
CITY-ST-ZIP	FT. MYERS FL	5.4 CITY-ST-ZIP	North Fort Myers, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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)(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: Darwin E. Davis — 4-14-95 — 813 694 2222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Darwin E. Davis, President

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