2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2006
Secretary of State

DOCUMENT# 770320

Entity Name: PUBLIC RADIO, INC.

Current Principal Place of Business:

490 NORTH YONGE ST.
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

1508 STATE AVE
HOLLY HILL, FL 32117 US

Current Mailing Address:

490 NORTH YONGE ST.
ORMOND BEACH, FL 32174 US

New Mailing Address:

FEI Number: 59-2535257 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LUND, EARLYNE G
490 N. YONGE ST.
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: LUND. EARLYNE,
Address: 490 N YONGE ST
City-St-Zip: ORMOND BEACH, FL 32174

Title: VPD ( ) Delete
Name: STORM, PAM,
Address: 4064 SAND RIDGE DR.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: DSEC ( ) Delete
Name: PICCIRILLO, PENNY
Address: 125 HIDDEN HILLS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: DCOO ( ) Delete
Name: VALLANCE MACHELLE,
Address: 400 BURLEIGH AVE.
City-St-Zip: HOLLY HILL, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EARLYNE LUND PRES 01/08/2006
Electronic Signature of Signing Officer or Director Date