

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 770320

FILED  
Jan 07, 2008  
Secretary of State

Entity Name: PUBLIC RADIO, INC.

**Current Principal Place of Business:**

1508 STATE AVE  
HOLLY HILL, FL 32117 US

**New Principal Place of Business:**

**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 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 G LUND

PRES

01/07/2008

Electronic Signature of Signing Officer or Director

Date