

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004302

FILED
Mar 30, 2006
Secretary of State

Entity Name: WJCT FOUNDATION, INC.

Current Principal Place of Business:

100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3657546 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOYLAN, MICHAEL T
100 FESTIVAL PARK AVENUE
JACKSONVILLE, FL 32202 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: D () Delete
Name: BOYLAN, MICHAEL T
Address: 100 FESTIVAL PARK AVENUE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WEAVER, DELORES
Address: 1 ALLTEL STADIUM PLACE
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: WINSTON, JAMES
Address: 601 RIVERSIDE AVE., BLDG 2 SUITE 619
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: HELMS, ROBERT
Address: 225 WATER STREET, 11TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: MANGUS, PAUL
Address: 225 WATER ST.
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: DUBOW, LAWRENCE
Address: 4801 EXECUTIVE PARK COURT #100
City-St-Zip: JACKSONVILLE, FL 32216

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
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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: MICHAEL T. BOYLAN

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03/30/2006

Electronic Signature of Signing Officer or Director

Date