

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # N01000002937

1. Entity Name

DELTA STAR RADIO OF FLORIDA, INC.



Principal Place of Business

**2625 DOLL PLACE
TALLAHASSEE FL 32311**

Mailing Address

**2625 DOLL PLACE
TALLAHASSEE FL 32311**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3726376

Applied For
Not Applied

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**MCCALL, GAIL
2571 DOLL PLACE
TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, ALAN	
STREET ADDRESS	2625 DOLL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, MARIANNE	
STREET ADDRESS	2625 DOLL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, GAIL	
STREET ADDRESS	2571 DOLL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCALL, DANIEL	
STREET ADDRESS	2571 DOLL PLACE	
CITY-ST-ZIP	TALLAHASSEE FL 32311	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Patricia S. S. S. S.

2/12/06

(850) 878-178