

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91431 018 \*\*\*\*61.25

SECRET

**DOCUMENT # N01000004550**

1. Entity Name  
**COMMUNITY RADIO FOUNDATION OF FLORIDA, INC.**



Principal Place of Business  
**325 VALENCIA RD.  
WEST MAELBOURNE FL 32904**

Mailing Address  
**325 VALENCIA RD.  
WEST MAELBOURNE FL 32904**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BENNETT, RANDY  
325 VALENCIA RD.  
WEST MAELBOURNE FL 32904**

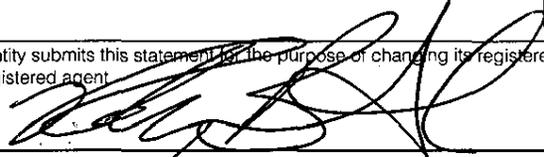
7. Name and Address of New Registered Agent

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  DATE **4-29-03**

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

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

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

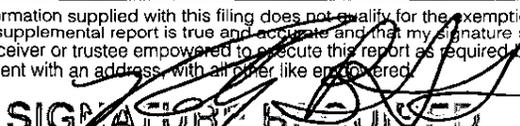
10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, RANDY</b>	
STREET ADDRESS	<b>325 VALENCIA RD.</b>	
CITY-ST-ZIP	<b>WEST MAELBOURNE FL 32904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, SLOANE</b>	
STREET ADDRESS	<b>325 VALENCIA RD.</b>	
CITY-ST-ZIP	<b>WEST MAELBOURNE FL 32904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BENNETT, CLIFF</b>	
STREET ADDRESS	<b>325 VALENCIA RD.</b>	
CITY-ST-ZIP	<b>WEST MAELBOURNE FL 32904</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>William Hutchings</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 endorsements.

SIGNATURE:  DATE: **4-29-03** **321 676-5762**

CR2E037 (10/02)