

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 25 1996 8:00 am**  
**Secretary of State**

**DOCUMENT # N02680 (9)**

1. Corporation Name

**FLORIDA EDUCATIONAL TELEVISION, INC.**

Principal Place of Business

**22-502 ROYAL PALM WAY  
C/O DR. R. WILLIAM HENKEL  
BOCA RATON FL 33432-4812**

Mailing Address

**22-502 ROYAL PALM WAY  
C/O DR. R. WILLIAM HENKEL  
BOCA RATON FL 33432-4812**



3. Date Incorporated or Qualified

**04/23/1984**

3a. Date of Last Report

**01/23/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENKEL, R. WILLIAM DR  
22-502 ROYAL PALM WAY  
BOCA RATON FL 33432-4812**

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PSD** ☐ DELETE

NAME **HENKEL, R. WILLIAM DR**  
STREET ADDRESS **22-502 ROYAL PALM WAY**  
CITY-ST-ZIP **BOCA RATON FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE **VD** ☐ DELETE

NAME **SCHECTOR, MORRIE LEE DR**  
STREET ADDRESS **22-502 ROYAL PALM WAY**  
CITY-ST-ZIP **BOCA RATON FL**

1.2 NAME ☐ Change ☐ Addition

TITLE **TD** ☐ DELETE

NAME **ALBURY, ELIZABETH H DR**  
STREET ADDRESS **22-502 ROYAL PALM WAY**  
CITY-ST-ZIP **BOCA RATON FL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report, supplemental annual report, or other 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 manager or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-15-96 407-368-9993**

CR2E037 (12/95)