

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Mar 02, 2006 08:00 AM  
Secretary of State

DOCUMENT# N04000001447

1. Entity Name  
WAUCHULA EDUCATIONAL BROADCASTING  
CORPORATION



Principal Place of Business  
205 SO 11TH AVE  
WAUCHULA, FL 33873

Mailing Address  
P.O. BOX 2385  
WAUCHULA, FL 33873



01262006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0647279	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

COLAVITO, JOSEPH H JR  
803 W GEORGIA ST  
WAUCHULA, FL 33873

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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: Joseph R Colavito Jr Joseph R. Colavito Jr. 1/22/06  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25  
Due by May 1, 2006

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

1100000452580  
03/13/06-80005-003 61.25

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME COLAVITO, JOSEPH R JR  
STREET ADDRESS 803 W GEORGIA ST  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE DV  
NAME RANDOLPH, DENNIS  
STREET ADDRESS 1835 OLIVIA DR  
CITY-ST-ZIP AVON PARK, FL 33825

TITLE DM  
NAME COLAVITO, JOEY III  
STREET ADDRESS 803 W GEORGIA ST  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE DTS  
NAME PENNINGTON, GLORIA  
STREET ADDRESS 185 TROPICANA DR  
CITY-ST-ZIP WAUCHULA, FL 33873

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Joseph R Colavito Jr Joseph R Colavito Jr. 1/22/06 863 773 5892  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #