

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001447

FILED
May 11, 2009
Secretary of State

Entity Name: WAUCHULA EDUCATIONAL BROADCASTING CORPORATION

Current Principal Place of Business:

205 SO 11TH AVE
WAUCHULA, FL 33873

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2385
WAUCHULA, FL 33873

New Mailing Address:

FEI Number: 65-0647279 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLAVITO, JOSEPH H JR
803 W GEORGIA ST
WAUCHULA, FL 33873 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: DP () Delete
Name: COLAVITO, JOSEPH R JR
Address: 803 W GEORGIA ST
City-St-Zip: WAUCHULA, FL 33873

Title: DV () Delete
Name: RANDOLPH, DENNIS
Address: 1835 OLIVIA DR
City-St-Zip: AVON PARK, FL 33825

Title: DM () Delete
Name: COLAVITO, JOEY III
Address: 803 W GEORGIA ST
City-St-Zip: WAUCHULA, FL 33873

Title: DTS () Delete
Name: PENNINGTON, GLORIA
Address: 185 TROPICANA DR
City-St-Zip: WAUCHULA, FL 33873

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVID T, AMOS

TR

05/11/2009

Electronic Signature of Signing Officer or Director

Date