

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007936

FILED  
Feb 06, 2006  
Secretary of State

**Entity Name:** PUBLIC ACCESS TELEVISION OF NORTH CENTRAL FLORIDA, INC.

**Current Principal Place of Business:**

304 NE 6 ST.  
APT A  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

304 NE 6 ST.  
APT A  
GAINESVILLE, FL 32601

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, RAQUEL  
304 NE 6 ST  
APT A  
GAINESVILLE, FL 32601 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: P ( ) Delete  
Name: WILLIAMS, COREY  
Address: 6400 SW 20 AVE APT 121  
City-St-Zip: GAINESVILLE, FL 32607

Title: V ( ) Delete  
Name: HUNTLEY, ELLEN  
Address: PO BOX 5211  
City-St-Zip: GAINESVILLE, FL 32627

Title: T (X) Delete  
Name: GARCIA, RAQUEL  
Address: 304 NE 6 ST. APT A  
City-St-Zip: GAINESVILLE, FL 32601

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: GARCIA, RAQUEL  
Address: 304 NE 6 ST APT A  
City-St-Zip: GAINESVILLE, FL 32601

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 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: RAQUEL GARCIA

P

02/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date