

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012989

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: BREVARD COMMUNITY BROADCASTING, INC.

## Current Principal Place of Business:

P.O. BOX 100085  
PALM BAY, FL 32910

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 100085  
PALM BAY, FL 32910

## New Mailing Address:

325 VALENCIA ROAD  
WEST MELBOURNE, FL 32904

FEI Number: 20-4022616

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ANDERSON, J. PATRICK  
930 S. HARBOR CITY BOULEVARD, SUITE 505  
MELBOURNE, FL 32901 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: D ( ) Delete  
Name: BENNETT, RANDY  
Address: 325 VALENCIA ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D ( ) Delete  
Name: BENNETT, CLIFF  
Address: P.O. BOX 100085  
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Delete  
Name: KILE, STACEY  
Address: P.O. BOX 100085  
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Delete  
Name: SAMPSON, CARL  
Address: P.O. BOX 10085  
City-St-Zip: PALM BAY, FL 32910

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: BENNETT, CLIFF  
Address: 325 VALENCIA ROAD  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: D (X) Change ( ) Addition  
Name: DAVID, MICHAEL  
Address: P.O. BOX 100085  
City-St-Zip: PALM BAY, FL 32910

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAMPSON, CARL  
Address: P.O. BOX 100085  
City-St-Zip: PALM BAY, FL 32910

Title: D ( ) Change (X) Addition  
Name: O'CONNOR, TIM  
Address: P.O. BOX 100085  
City-St-Zip: PALM BAY, FL 32910

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: CLIFF BENNETT

D

04/25/2006

Electronic Signature of Signing Officer or Director

Date