

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06455

1. Entity Name

OKALOOSA PUBLIC RADIO, INC.

Principal Place of Business

957 HWY C4-A
BAKER FL 32531
US

Mailing Address

PO BOX 189
BAKER FL 32531
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2773279

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, EARL RAY
954 HWY C4-A
BAKER FL 32531

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMPSON, EARL R. 954 HWY C4-A BAKER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOLTON, MELODY A. 803 MELTON RD BAKER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, JEFFREY E 954 HWY C4-A BAKER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, PAULINE RT 1, BOX 170 CRESTVIEW FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD THOMPSON, RUTH H. 954 HWY C4-A BAKER FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Earl R. Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec./Treas

3-21-02

850-537-4481

Date

Daytime Phone #

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90600 028 ****70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)