

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000008991

FILED
Jun 27, 2008
Secretary of State

Entity Name: MINERAL SPRINGS PUBLIC RADIO, INC.

Current Principal Place of Business:

6775 49TH STREET
VERO BEACH, FL 32967

New Principal Place of Business:

Current Mailing Address:

6775 49TH STREET
VERO BEACH, FL 32967

New Mailing Address:

FEI Number: 26-0901281 **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:

TIPTON, STEPHEN P
6775 49TH STREET
VERO BEACH, FL 32967 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: PD () Delete
Name: BOULTON, SUSAN
Address: 4717 CRESTWOOD DRIVE
City-St-Zip: MINERAL SPRINGS, NC 28108

Title: VD () Delete
Name: BRIDGERS, PAULA
Address: 601 EVANS MANOR DRIVE
City-St-Zip: MATTHEWS, NC 28104

Title: STD () Delete
Name: BUIE, GRACE
Address: 601 EVANS MANOR DRIVE
City-St-Zip: MATTHEWS, NC 28104

Title: D () Delete
Name: TIPTON, STEPHEN
Address: 6775 49TH STREET
City-St-Zip: VERO BEACH, FL 32967

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: SUSAN H. BOULTON

PD

06/27/2008

Electronic Signature of Signing Officer or Director

Date