## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000008991

BUIE, GRACE

601 EVANS MANOR DRIVE

( ) Delete

MATTHEWS, NC 28104

TIPTON, STEPHEN

**6775 49TH STREET** 

VERO BEACH, FL 32967

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: MINERAL SPRINGS PUBLIC RADIO, INC.

FILED Mar 06, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 6775 49TH STREET** VERO BEACH, FL 32967 **Current Mailing Address: New Mailing Address: 6775 49TH STREET** VERO BEACH, FL 32967 FEI Number: 26-0901281 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TIPTON, STEPHEN P HAMILTON, MARTHA S 6775 49TH STREET 960 28TH AVE. VERO BEACH, FL 32967 VERO BEACH, FL 32960 US US 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: MARTHA S. HAMILTON 03/06/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete BOULTON, SUSAN Name: Name: 4717 CRESTWOOD DRIVE Address: Address: City-St-Zip: MINERAL SPRINGS, NC 28108 City-St-Zip: Title: VD Title: ( ) Delete () Change () Addition BRIDGERS, PAULA Name: Name: Address: 601 EVANS MANOR DRIVE Address: City-St-Zip: MATTHEWS, NC 28104 City-St-Zip: Title: STD () Delete Title: (X) Change ( ) Addition

Title: () Delete Title: STD HAMILTON, MARTHA S SEC Name: Name:

Address: Address: 960 28TH AVE

City-St-Zip: City-St-Zip: VERO BEACH, FL 32960

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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

BUIE, GRACE

601 EVANS MANOR DRIVE

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( ) Change (X) Addition

MATTHEWS, NC 28104

SIGNATURE: SUSAN H. BOULTON Ρ 03/06/2009