FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N09672 (9)

1. Corporation Name

SOUTHWEST FLORIDA COMMUNITY RADIO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 061275 FORT MYERS FL 33906	P.O. BOX 061275 FORT MYERS FL 33906

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/23/1985

3a. Date of Last Report: 03/30/1994

4. FEI Number: 59-2659856 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21

2a. Mailing Address 26

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

City & State 23

City & State 28

Zip 24 Country 25

Zip 29 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

AUGSBURG, ROBERT
1860 BOYSCOUT DR., #202
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: William Nunez

82 Street Address (P.O. Box Number is Not Acceptable): 11681 Timberline CR

83

84 City: Fort Myers FL 85 Zip Code: 33912

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ 3/10/95

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE		☐ Change ☐ Addition
NAME	AUGSBURG, ROBERT D.	1.2 NAME		
STREET ADDRESS	411 DAHLIA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD FL	1.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE	VPS	2.1 TITLE		☐ Change ☐ Addition
NAME	AUGSBURG, FELICE	2.2 NAME		
STREET ADDRESS	411 DAHLIA DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BRENTWOOD FL	2.4 CITY-ST-ZIP	Brentwood TN 37027	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	NUNEZ, WILLIAM	3.2 NAME		
STREET ADDRESS	11681 TIMBERLINE CR.	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	GEYER, JOHN	4.2 NAME		
STREET ADDRESS	1367 BARCELONA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHAFFER, GLEN	5.2 NAME		
STREET ADDRESS	11507 TIMBERLINE CIR	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	NEWTON, ROBBY	6.2 NAME		
STREET ADDRESS	268 LANTZ RD	6.3 STREET ADDRESS		
CITY-ST-ZIP	LAWRENCEBURG TN	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert D. Augsburg Robert D. Augsburg 3/2/95 615 370-2896

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018040