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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

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 33906-1275

3. Date Incorporated or Qualified: 05/23/1985
3a. Date of Last Report: 03/13/1996

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24) Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29) Country (30)

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

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

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

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

9. Name and Address of Current Registered Agent

NUNEZ, WILLIAM
11681 TIMERLINE CR
FORT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name: William NUNEZ
82 Street Address (P.O. Box Number is Not Acceptable): 12711 Eagle Point CR.
83
84 City: Fort Myers FL 85 Zip Code: 33913

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: William Nunez — DATE: 3/31/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	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		
TITLE	VPS	☐ DELETE	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		
TITLE	T	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	NUNEZ, WILLIAM		3.2 NAME	~~William Nunez (same)~~	
STREET ADDRESS	11681 TIMBERLINE CR.		3.3 STREET ADDRESS	12711 Eagle Point CR	
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	Fort Myers, Fl. 33913	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	NEWTON, ROBBY		6.2 NAME	same	
STREET ADDRESS	268 LANTZ RD		6.3 STREET ADDRESS	103 Stagecoach Drive	
CITY-ST-ZIP	LAWRENCEBURG TN		6.4 CITY-ST-ZIP	Madison, Al. 35758	

2E037 (9/96)

14. I do 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 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: [signature] — 4/14/97 — 615 370-9296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0056162