

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northing**  
Secretary of State  
DIVISION OF CORPORATIONSFILED  
May 19 1997 8:00am  
Secretary of StateDOCUMENT # **N12200**

(4)

1. Corporation Name

**W B C COMMUNICATIONS, INC.**Principal Place of Business  
**C/O CARL K. RUSSELL**  
~~C/O HAROLD G. HUDSON~~  
7775 HERLONG ROAD  
JACKSONVILLE FL 32210  
Mailing Address  
**C/O CARL K. RUSSELL**  
~~C/O HAROLD G. HUDSON~~  
7775 HERLONG ROAD  
JACKSONVILLE FL 32210-2527

3. Date Incorporated or Qualified <b>10/30/1985</b>	3a. Date of Last Report <b>05/15/1996</b>
4. FEI Number <b>59-1028789</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State <b>22</b>	City & State <b>27</b>
Zip <b>23</b>	Country <b>28</b>
Country <b>24</b>	Zip <b>29</b>
Country <b>25</b>	Country <b>30</b>

## 9. Name and Address of Current Registered Agent

**HUDSON, HAROLD G.**  
7775 HERLONG ROAD  
JACKSONVILLE FL 32210

## 10. Name and Address of New Registered Agent

81 Name <b>RUSSELL, CARL K.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6923 Bakersfield Drive</b>
83
84 City <b>Jacksonville, FL</b>
85 Zip Code <b>32210</b>

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 *Carl K. Russell* **CARL K. RUSSELL, PRESIDENT/PASTOR** 3/5/97  
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 <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HUDSON, HAROLD G.</b>		1.2 NAME <b>RUSSELL, CARL K.</b>	
STREET ADDRESS <b>7775 HERLONG RD.</b>		1.3 STREET ADDRESS <b>6923 Bakersfield Drive</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32210</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DOUGLAS, CARL C. III</b>		2.2 NAME	
STREET ADDRESS <b>9664 HERSHAM CT</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32221</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>NELSON, SUSAN S</b>		3.2 NAME	
STREET ADDRESS <b>8936 COUNTRY MILL LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32222</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MALLARD, THOMAS, L</b>		4.2 NAME <b>DOUGLAS, EVA H.</b>	
STREET ADDRESS <b>2715 PARRISH CEMETERY RD</b>		4.3 STREET ADDRESS <b>9664 Hersham Court</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32221</b>		4.4 CITY-ST-ZIP <b>Jacksonville, FL 32221</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SIMMONS, MYRA F.</b>		5.2 NAME	
STREET ADDRESS <b>5400-10 LAMOYA AVENUE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Carl K. Russell* **CARL K. RUSSELL, PRESIDENT** 3/5/97 904-781-0618  
Signature, typed or printed name of signing officer or director Date Daytime Phone 10006342

CR2E037 (9/96)