


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 08:00 AM
Secretary of State

DOCUMENT # N12200 1. Entity Name W B C COMMUNICATIONS, INC.	
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Principal Place of Business 7775 HERLONG ROAD JACKSONVILLE, FL 32210	Mailing Address 7775 HERLONG ROAD JACKSONVILLE, FL 32210
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RUSSELL, CARL K 7775 HERLONG RD JAX, FL 32210	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000096968 03/26/04-80020-001 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, CARL K 7775 HERLONG RD JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLADDEN, MICHAEL 9627 GROVE HILL LANE JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELSON, SUSAN S 8936 COUNTRY MILL LANE JACKSONVILLE, FL 32222
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, EVA H. 9664 HERSHAM CT JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, MYRA F. 5400-10 LAMOYA AVENUE JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOLL, JEFF 7775 HERLONG ROAD JACKSONVILLE, FL 32210

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Myra F. Simmons* Myra F. Simmons 3/24/04 904-781-0618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #