## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT DOCUMENT # N12200** 1. Entity Name WBCCOMMUNICATIONS, INC. Principal Place of Business Mailing Address 7775 HERLONG ROAD 7775 HERLONG ROAD JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04092008 No Chg-NP DO NOT WRITE IN THIS SPACE 4. FEI Number 59-1028789 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent RUSSELL, CARL K 7775 HERLONG RD JAX, FL 32210

**FILED** Apr 14, 2008 08:00 A Secretary of State



CR2E037 (4/06)

Applied For Not Applicable

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the lions of registered agent.	e purpose of changing its registered	office or (	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and to	itle if applicable, (NOTE: Registered A	gent signatur	e required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2008	Election Campaign Financi     Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000836770 04/25/08-80021-010 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIF P RUSSELL, CARL K 7775 HERLONG RD JACKSONVILLE, FL 32210 D ANTHONY POOLE 7775 HERLONG RD	ECTORS			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	JACKSONVILLE, FL 32210 D RASMUSSEN, SUSAN N 7775 HERLONG RD JACKSONVILLE, FL 32210				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLAS, EVA H. 7775 HERLONG RD JACKSONVILLE, FL 32210			IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP	D SIMMONS, MYRA F. 5400-10 LAMOYA AVENUE JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HENRY, AARON 7775 HERLONG ROAD JACKSONVILLE, FL 32210				O. Clarida Clatida I fruitar portife that the information

indicated on this report or supplied with this tiling does not quality for the exemptions contained in Chapter 119, Florida Statules. 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.

S	lG	N/	ΔT	u	Ri	F	•
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Myra F. Simmons INTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2008

904-781-0618

Daytime Phone #