FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

· ·	1998	S II IEE	DIVISION OF C	ORPORATIONS	becretary of State	
DOCUI 1. Corporation	MENT #	N14963	(5)			
SUNBELT EDUCATIONAL BROADCASTING, INC.						
) TEOLETAL BOLL HOLL ALONG LOLLA CLUB CHAIR CHAIR GARLA GLOCK CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR CHAIR LOCK	
Drinning Class	a ad Duningan		Adailea Address			
Principal Place	e of Business		Mailing Address			
C/O MERRILL I 12225 PANTHEI			C/O MERRILL H. WALL 12225 PANTHER RIDGE DR.		3. Date Incorporated or Qualified	
JACKSONVILLE			JACKSONVILLE FL 32225	•	05/19/1986	
US					4. FEI Number Applied For	
2. Principal P	lace of Business		2a. Mailing Address		59-29 15074 Not Applicable 88.75 Additional	
21] <i>[] 4 4 [</i>	LAVENDE	R 57	26 1441 LAVE	NOER S		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing \$5.00 May Be	
22			City & State		Trust Fund Contribution Added to Fees	
City & State	TONA. F.		28 DELTONA	.61	7. Is this nonprofit corporation a homeowners association?	
Zip		untry	Zip	Country	This corporation owes or has pald the current year Intengible	
21.3272	5 25 V	OLUSIA	29 32 725	30 VOLUSI	Personal Property Tax due June 30. Yes No	
	9. Name and Ad	idress of Current R	egistered Agent		10. Name and Address of New Registered Agent	
				81 Name		
ORTIZ, RAUL				82 Street		
1441 LAVENDER ST. DELTONA FL 32725				83		
DELIGIT	M FL 32123					
	•			84 City	FL 85 Zip Code	
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						
agent. I a	egistered agent, or m familiar with, and	porn, in the State of I accept the obligation	riorida. Such change was a ns of, Section 617.0503, Flo	utnorized by the cor rida Statutes.	poration's board of directors. I hereby accept the appointment as registered	
SIGNATURE .			·			
12.	Signature, typed or printed	name of registered agent an OFFICERS AND D		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD		DELETE	1.1 TITLE	MERRILL MERRILL DAMES THE MENTER OF THE PROPERTY (NOCHANGE)	
NAME	WALL, MERRIL			1.2 NAME	MEARLE MW (NOCHANSE)	
STREET ADDRESS		ER RIDGE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLI	E FL	T priess	1.4 CITY - ST - ZIP	Chance L Addition	
TITLE	VO" WALL, THELM/		☐ DELETE	2.1 TITLE 2.2 NAME	1//1/	
NAME STREET ADDRESS		R RIDGE DRIVE		2.3 STREET ADDRESS	WALL THELMA	
CITY-ST-ZIP	JACKSONVILLI		_	2.4 CITY-ST-ZIP	NA (NO CHANGE)	
TITLE	PO	- · . =	DELETE	3.1 TITLE	PRESIDENT Chánge Chánge	
NAME	DOMBROSKY,			3.2 NAME		
STREET ADDRESS	1112 WILKINS	ON		3.3 STREET ADDRESS	1441 LAVENDER SI	
CITY-ST-ZIP	ORLANDO FL		M nevere	3.4. CITY-ST-ZIP	CIO Change School	
TITLE	SD Dombrosky,	MOGILMA	DELETE	4.1 TITLE	5 WAYNE HANCOCK	
NAME STREET ADORESS	1112 WILKINS			4.2 NAME 4.3 STREET ADDRESS	508 LONE OAK DRIVE	
CITY-ST-ZIP	ORLANDO FL	011		4.4 City-St-Zip	Lees BURS. FL 34788	
TITLE	VB		DELETE	5.1 TITLE	Change Madditions	
NAME	Y 7-2			5.2 NAME	PR. EN GENE TURRES	
STREET ADDRESS				5.3 STREET ADDRESS	14440 CR 5 16 H WE'GE ,	
CITY-ST-ZIP	,		T 55:575	5.4 CITY - ST - ZIP	CLER MOUT, FL 34711 C mm	
TITLE			☐ DELETE	6.1 TITLE	Change by Addition	
NAME STOCKY ADDRESS				6.2 NAME	DANIEL GONZALEZ 3246 BRETTON WOODS TERR	
STREET ADDRESS				6.3 STREET ADORESS	DAIG UNCITON WOODS TERR	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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 Musical Wall VIETAM 7, 1998

FILED

Feb 11 1998 8:00am

Secretary of State

SUNBELT EDUCATIONAL BROAD CASTING (EUC) ATTACHMENT (ONLY ONE (1) PAGE N.14963 OFFICERS AND DIRECTORS 12. VID DELETE 1 1 TITLE Change TITLE WILLIAM 1.2 NAME M, BOWER NAME WILLIAM MI BOWER 13600 BRAND ISLAND SHORES RO 13 STREET ADDRESS STREET ADDRESS RAND ISLAND, FL 32 735 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 2.1 TITLE TITLE DAVID GONZALEZ NAME DAVID GONZALES 2.2 NAME 5040 2.3 STREET ADDRESS CONTOURA STREET ADDRESS 2 4 CITY-ST-ZIP ORLANDO, EL CITY-ST-ZIP DELETE 3 1 TITLE Change Addition TITLE VID 32 NAME NAME IRMA E, JIMENEZ-LOPE 2 TRMA ESIMENEZ-LUPEZ 33 STREET ADDRESS 602 BRITTAN STREET ADDRESS 34 CITY-ST-ZIP CASSELBERRY CITY-ST-ZIP DELETE 41 TITLE VIB TITI £ MARSHALL LOPEZ 4. 2 NAME NAME MARSHALL LUPEZ 203 MEADOW HILLS DRIVE 4.3 STREET ADDRESS STREET ADDRESS SAN FORD City - ST - ZIP 4 4 CITY - ST - ZIP DELETE 5 1 TITLE TITLE DON SANDSTROM 5.2 NAME (re o) DON NAME 5 AND STROM 5 3 STREET ADDRESS RBL HARBOR SHORES STREET ADDRESS 5.4 City - ST- ZIP 34 C:TY-ST-ZIP Addition DELETE 6.1 TITLE TITLE HAME RICHARD 6 2 NAME QUEEUS BERRY CT 6 3 STREET ADDRESS STREET ADDRESS 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 607. Florida Statutes: and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. SIGNATURE: MERRILL H WAL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 VIB TITLE DELETE 1 1 TITLE Change Addition DAMRON NAME CHESTER CHESTER 1.2 NAME DAMRON STREET ADDRESS 1 3 STREET ADDRESS 2252 PALM VISTA DRIVE CITY-ST-ZIP 1.4 CITY - ST - ZIP タネ クノス FITLE VIB DELETE 21 TITLE Change NAME JAVIER SANTIAgo 2.2 NAME TAVIER SANTAGO STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2 4 CIT (- ST - Z)P POPKA, FL Change TITLE DELETE 3 1 TITLE Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS me CITY - ST - ZIP 34 CITY-ST-ZIP TITLE DELETE 41 TITLE ☐ Change ☐ Addition NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS mw CITY-ST-ZIP me 44 CITY-ST-ZIP THILE DELETE 51 TITLE ☐ Change Addition NAME 5 2 NAME STREET ADDRESS 5.3 STREET ADDRESS mw CITY - ST - ZIP 2000 54 CITY-ST-ZIP TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS mw mw CITY - ST - ZIP 6.4 CITY - ST - ZIP

14. I do nereby 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 607, Florida Statutes: and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

SIGNATURE:

DATE: SAN 7, 1998