

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 23 PM 3: 34

DOCUMENT # N15433 (8)

1. Corporation Name

**MARIANNA EDUCATIONAL BROADCASTING FOUNDATION, IN
C.**

Principal Place of Business

Mailing Address

3277 OLD US RD.
P.O. BOX 450
MARIANNA FL 32447-7450

3277 OLD US RD.
P.O. BOX 450
MARIANNA FL 32447-7450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1986

3a. Date of Last Report

05/25/1994

4. FEI Number

59-2583352

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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

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

9. Name and Address of Current Registered Agent

HOLLIS, JACK E.
4295 KELSON AVE
MARIANNA FL 32446

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PO
HOLLIS, JACK E.
4295 KELSON AVE
MARIANNA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STD
HOLLIS, SHELLIE F.
4295 KELSON AVE.
MARIANNA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VO
GOEHENAU, GARY
3319 OLD U.S. RD
MARIANNA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GOEHENAU, DEBBIE
3119 OLD U.S. RD
MARIANNA FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

GOCHENAU, GARRY
3119 OLD U.S. ROAD
MARIANNA, FL. 32446

GOCHENAU, DEBBIE
3119 OLD U.S. ROAD
MARIANNA, FL. 32446

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(b), 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: SHELLIE F. HOLLIS *Shellie F. Hollis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-95

904-526-4477

Typed Name #