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Mar 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 32447-74503277 OLD US RD.
P.O. BOX 450
MARIANNA FL 32447-04503. Date Incorporated or Qualified
06/17/19863a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOLLIS, JACK E.
4295 KELSON AVE
MARIANNA FL 32446

81 Name

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

2942 Russ St.

83

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 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

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 PD ☐ DELETENAME HOLLIS, JACK E.
STREET ADDRESS 4295 KELSON AVE
CITY-ST-ZIP MARIANNA FL1.1 TITLE ☒ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS 2942 Russ Street
1.4 CITY-ST-ZIPTITLE STD ☐ DELETENAME HOLLIS, SHELLIE F.
STREET ADDRESS 4295 KELSON AVE.
CITY-ST-ZIP MARIANNA FL2.1 TITLE ☒ Change ☐ Addition2.2 NAME
2.3 STREET ADDRESS 2942 Russ Street
2.4 CITY-ST-ZIPTITLE VD ☐ DELETENAME GOCHENAUR, GARRY
STREET ADDRESS 3319 OLD U.S. RD
CITY-ST-ZIP MARIANNA FL3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETENAME GOCHENAUR, DEBBIE
STREET ADDRESS 3319 OLD U.S. RD
CITY-ST-ZIP MARIANNA FL4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
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 reports 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 as a change, or on an amendment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 0010197

3-25-97

CR2E037 (9/96)