

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N15433

1. Corporation Name

MARIANNA EDUCATIONAL BROADCASTING FOUNDATION, INC.

Principal Place of Business

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

Mailing Address

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

FILED
Feb 19, 1999 8:00am
Secretary of State

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/17/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2583352	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
HOLLIS, JACK E. 4476 BROAD ST MARIANNA FL 32446				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 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	1.1 TITLE	
NAME	HOLLIS, JACK E.	1.2 NAME	
STREET ADDRESS	4476 BROAD ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	HOLLIS, SHELLIE F.	2.2 NAME	
STREET ADDRESS	4476 BROAD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	GOCHENAUR, GARRY	3.2 NAME	
STREET ADDRESS	3319 OLD U.S. RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GOCHENAUR, DEBBIE	4.2 NAME	
STREET ADDRESS	3119 OLD U.S. RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-99 850-5264472
Date Daytime Phone #

CR2E037 (11/98)