


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90088 017 ****70.00

DOCUMENT # N15433	
1. Entity Name MARIANNA EDUCATIONAL BROADCASTING FOUNDATION, INC.	

Principal Place of Business 2914 JEFFERSON STREET MARIANNA, FL 32446	Mailing Address 3277 OLD US RD. P.O. BOX 450 MARIANNA, FL 32447-7450
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01262004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2583352	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOLLIS, JACK E.
4476 BROAD ST
MARIANNA, FL 32446**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Shellie F. Hollis Shellie F. Hollis 1-26-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, JACK E. 4476 BROAD ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOLLIS, SHELLIE F. 4476 BROAD ST MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GOCHENAUR, GARRY 3319 OLD U.S. RD MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOCHENAUR, DEBBIE 3119 OLD U.S. RD MARIANNA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTON, RENE R 4428 DAVIS STREET MARIANNA, FL 32446
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 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.

SIGNATURE: Shellie F. Hollis Shellie F. Hollis 1-26-04 850-526-4477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

~~Attachment~~
Doc. # N15433

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Could not make
change before
printing.

Shellie