

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N15433

1. Entity Name
**MARIANNA EDUCATIONAL BROADCASTING
FOUNDATION, INC.**



Principal Place of Business

**2914 JEFFERSON STREET
MARIANNA, FL 32446**

Mailing Address

**P.O. BOX 450
MARIANNA, FL 32447-7450**



01122005 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 ☐

\$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

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HOLLIS, JACK E.
STREET ADDRESS	4476 BROAD ST
CITY-STATE-ZIP	MARIANNA, FL
TITLE	STD
NAME	HOLLIS, SHELLIE F.
STREET ADDRESS	4476 BROAD ST
CITY-STATE-ZIP	MARIANNA, FL
TITLE	VD
NAME	GOCHENAUR, GARRY
STREET ADDRESS	3319 OLD U.S. RD
CITY-STATE-ZIP	MARIANNA, FL
TITLE	D
NAME	GOCHENAUR, DEBBIE
STREET ADDRESS	3119 OLD U.S. RD
CITY-STATE-ZIP	MARIANNA, FL
TITLE	D
NAME	PARTON, RENE R
STREET ADDRESS	4425 DAVIS STREET
CITY-STATE-ZIP	MARIANNA, FL 32446
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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01/18/05-80003-003 61.25

**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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-05

Date

850-526-4477

Daytime Phone #