

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15433

FILED
Apr 18, 2007
Secretary of State

Entity Name: MARIANNA EDUCATIONAL BROADCASTING FOUNDATION, INC.

Current Principal Place of Business:

2914 JEFFERSON STREET
MARIANNA, FL 32446

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 450
MARIANNA, FL 324477450

New Mailing Address:

P.O. BOX 450
MARIANNA, FL 32447 US

FEI Number: 59-2583352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOLLIS, JACK E.,
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL

Title: STD () Delete
Name: HOLLIS, SHELLIE F.,
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL

Title: VD () Delete
Name: GOCHENAUR, GARRY
Address: 3319 OLD U.S. RD
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: GOCHENAUR, DEBBIE
Address: 3119 OLD U.S. RD
City-St-Zip: MARIANNA, FL

Title: D () Delete
Name: PARTON, RENE R
Address: 4428 DAVIS STREET
City-St-Zip: MARIANNA, FL 32446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLLIS, JACK E.,
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446 US

Title: STD (X) Change () Addition
Name: HOLLIS, SHELLIE F.,
Address: 4476 BROAD ST
City-St-Zip: MARIANNA, FL 32446 US

Title: VD (X) Change () Addition
Name: GOCHENAUR, GARRY
Address: 3082 OLD U.S. RD
City-St-Zip: MARIANNA, FL 32446 US

Title: D (X) Change () Addition
Name: GOCHENAUR, DEBBIE
Address: 3082 OLD U.S. RD
City-St-Zip: MARIANNA, FL 32446 US

Title: D (X) Change () Addition
Name: PARTON, RENE R
Address: 4428 DAVIS STREET
City-St-Zip: MARIANNA, FL 32446 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHELLIE F. HOLLIS

STD

04/18/2007

Electronic Signature of Signing Officer or Director

Date