

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15433

FILED  
Apr 10, 2008  
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:**

2914 JEFFERSON STREET  
MARIANNA, FL 32446 US

**Current Mailing Address:**

P.O. BOX 450  
MARIANNA, FL 32447 US

**New Mailing Address:**

P.O. BOX 450  
2914 JEFFERSON ST  
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:**

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

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: JACK E. HOLLIS

04/10/2008

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 32446 US

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: HOLLIS, JACK E REV  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

ST/D

04/10/2008

Electronic Signature of Signing Officer or Director

Date