

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2003 8:00 am
Secretary of State

06-27-2003 90049 014 *****61.25

DOCUMENT # N15433

1. Entity 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

2. Principal Place of Business

2914 Jefferson St.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Marianna FL

City & State

Zip

32446

Country

Jackson

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	HOLLIS, JACK E.	
STREET ADDRESS	4476 BROAD ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HOLLIS, SHELLIE F.	
STREET ADDRESS	4476 BROAD ST	
CITY-ST-ZIP	MARIANNA FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GOCHENAUR, GARRY	
STREET ADDRESS	3319 OLD U.S. RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOCHENAUR, DEBBIE	
STREET ADDRESS	3119 OLD U.S. RD	
CITY-ST-ZIP	MARIANNA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D Rene R Parton	
STREET ADDRESS	4428 Davis St	
CITY-ST-ZIP	Marianna, FL 32446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Signature of Jack E. Hollis

16-26-03

850-526-4477

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/02)