

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

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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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
2914 Jefferson St.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Marianna FL

4. FEI Number **59-2583352** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **32446** Country **Jackson**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLLIS, JACK E. 4476 BROAD ST MARIANNA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete STD HOLLIS, SHELLIE F. 4476 BROAD ST MARIANNA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD GOCHENAUR, GARRY 3319 OLD U.S. RD MARIANNA FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 **16-26-03** **850-526-4477**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)