## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

	1998	DIVISION OF	CORPORATIONS	Secretary	of State
DOCUI 1. Corporation	MENT # N1579	91 (9)			
WBVM-	90.5-FM, INC.				
				I JAANAARI OOK IJAAN DINKA JAARA TALAK IRAA DINKA	<b>1</b> 164 Angu Bush Bush Bush 1881
Principal Place	o of Dunings	Mailine Address			
•		Mailing Address			
2816 MORRISON AVENUE TAMPA FL 33609 US		6363-9TH AVEN. St. Petersburg fl 33710		3. Date Incorporated or Qualified	
				07/09/1986	·
				4. FEI Number 59-2690242	Applied For Not Applicable
2. Principal Pl	ace of Business	2a. Mailing Address			\$8.75 Additional
21		26		5. Certificate of Status Desired	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Election Campaign Financing	\$5.00 May Be
22 City & State		City & State		Trust Fund Contribution	Added to Fees
23	•	26		7. Is this nonprofit corporation a homeowr	ners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registers	d Agent
WADO D	IARII A ID		I Vanie		
Ward, Paul A.,Jr. 6363-9th áve.,N.			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
	R\$BURG FL 33743		83		
• • • • • • • • • • • • • • • • • • • •			84 City		85 Zip Code
				F	
11. Pursuant t	to the provisions of Sections 617.05	502 and 617.1508, Florida Statule of Florida, Such change was	ites, the above-named corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered
agent. I ar	n familiar with, and accept the obli	gations of, Section 617.0503, F	lorida Statutes.		ppointario de regionario
SIGNATURE _	Signature, typed or printed name of registered a	pent and title if applicable. (NC	FE. Registered Agent signature requ	red when reinstating) DATE	
12.	· <del></del>	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 TITLE	-	☐ Change ☐ Addition
NAME	MULDON, BRENDAN		1.2 NAME		
STREET ADDRESS	6363-9TH AVE. NO.		1.3 STREET ADDRESS		,
CITY+ST-ZIP TITLE	ST. PETERSBURG FL	DÉLETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	WARD,PAUL A.,JR.	occur	2.2 NAME		
STREET ADDRESS	6363-9TH AVE.,N.		2.3 STREET ADDRESS		
· · · · · · · · · · · · · · · · · · ·	ST.PETERSBURG FL				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE	VO	DELETE			☐ Change ☐ Addition
	VD GIBBONS, ROBERT C.	DELETE	2. 4 CITY - ST - ZIP		☐ Change ☐ Addition
NAME STREET ADDRESS	VD Gibbons, Robert C. 6363 9th ave North	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N.		2. 4 CITY-SI-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME		
NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N		2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N	☐ DELETE	2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  6.4 CITY-ST-ZIP		Change Addition  Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBBONS, ROBERT C. 6363 9TH AVE NORTH ST. PETERSBURG FL C LYNCH, ROBERT N. 6363-96H AVE N	☐ DELETE	2. 4 CITY-ST-ZIP  3.1 TITLE  3.2 NAME  3.3 STREET ADDRESS  3.4. CITY-ST-ZIP  4.1 TITLE  4. 2 NAME  4.3 STREET ADDRESS  4.4 CITY-ST-ZIP  5.1 TITLE  5.2 NAME  5.3 STREET ADDRESS  6.4 CITY-ST-ZIP		Change Addition  Change Addition

14. 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 annual report or supplemented annual 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 12 or Block 13 if changed, or on an appear with address.

SIGNATURE:

Paul A. Ward, Jr.

4/30/98 (813)344-1611

**FILED** 

May 12 1998 8:00am