

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16668**

(8)

1. Corporation Name

WRMF, INC.



Principal Place of Business

**C/O DOUGLAS C. PETERS
1065 GARDEN OF THE GODS ROAD
COLORADO SPRING CO 80907-3405
US**

Mailing Address

**C/O DOUGLAS C. PETERS
P.O. BOX 39600
COLORADO SPRINGS CO 80949-9600
US**

3. Date Incorporated or Qualified
09/05/1986

3a. Date of Last Report
03/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0056817

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☒ X

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MR. CHARLES MORGAN, JR.
1300 N.W. 167 ST.
MIAMI FL 33169**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **CLINE, RONALD A.**
STREET ADDRESS **CALLE VILLALENGUA**
CITY-ST-ZIP **QUITO, ECUADOR**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **884 Calle Villalengua**
1.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **PETERS, DOUGLAS C.**
STREET ADDRESS **1065 GARDEN OF THE GODSRD.**
CITY-ST-ZIP **COLORADO SPRINGS CO**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS **Gods Road**
2.4 CITY-ST-ZIP **80907-3405**

TITLE **TD** ☐ DELETE
NAME **MCCLLOUD, DWITE M.**
STREET ADDRESS **1065 GARDEN OF THE GODS RD.**
CITY-ST-ZIP **COLORADO SPRINGS CO**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP **80907-3405**

TITLE **VD** ☐ DELETE
NAME **CUMMINGS, BENNY R.**
STREET ADDRESS **715 E. THOMAS DR.**
CITY-ST-ZIP **PHARR TX**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS **1065 Garden of the Gods Road**
4.4 CITY-ST-ZIP **Colorado Springs CO 80907-3405**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 15, 1996 (719)590-9800

Date

Daytime Phone #

CR2E037 (12/95)