2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17334

FILED Apr 07, 2008 Secretary of State

Entity Name: PORT CHARLOTTE EDUCATIONAL BROADCASTING FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:		
3279 SHER	-					
Current Mailing Address:				New Mailing Address:		
	WOOD RD. RLOTTE, FL	33980				
FEI Number:	59-2835171	FEI Number Applied	For () FEI Num	nber Not Appli	cable () Certificate	e of Status Desired ()
Name and	Address of C	urrent Registered	Agent:	Name and	Address of New Regi	stered Agent:
KOLENDA JR., DANIEL P PRES 25380 PALISADE RD PUNTA GORDA, FL 33983 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: Electronic Signature of Registered Agent				Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	. ,			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DS () KOLENDA, ELIZ 25380 PALISAD PUNTA GORDA	DE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DV () KOLENDA, JAM 1400 GANDY B ST. PETERSBU	LVD, # 509		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () DILENA, RICHA 27134 VILLARIO PUNTA GORDA	CCA DR.		Title: Name: Address: City-St-Zip:	D (X) Change (KOLENDA, JOHN D DIR 252 MCGUIRE DR BLOOMSBURG, PA 17815	•
Title: Name: Address: City-St-Zip:	DT (X) DILENA, ESTHE 27134 VILLARIE PUNTA GORDA	CCA DR.		Title: Name: Address: City-St-Zip:	() Change() Addition

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: DANIEL P. KOLENDA JR. DP 04/07/2008