

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17334

FILED
Mar 23, 2009
Secretary of State

Entity Name: PORT CHARLOTTE EDUCATIONAL BROADCASTING FOUNDATION, INC.

Current Principal Place of Business:

3279 SHERWOOD RD
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

Current Mailing Address:

3279 SHERWOOD RD.
PORT CHARLOTTE, FL 33980

New Mailing Address:

FEI Number: 59-2835171 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOLENDA JR., DANIEL P PRES
25380 PALISADE RD
PUNTA GORDA, FL 33983 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: KOLENDA JR., DANIEL P PRES
Address: 25380 PALISADE
City-St-Zip: PUNTA GORDA, FL 33980

Title: DS () Delete
Name: KOLENDA, ELIZABETH A SEC
Address: 25380 PALISADE
City-St-Zip: PUNTA GORDA, FL 33983

Title: DV () Delete
Name: KOLENDA, JAMES J DIR
Address: 1400 GANDY BLVD, # 509
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D () Delete
Name: KOLENDA, JOHN D DIR
Address: 252 MCGUIRE DR
City-St-Zip: BLOOMSBURG, PA 17815

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

03/23/2009

Electronic Signature of Signing Officer or Director

Date