

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17523

FILED
Mar 27, 2007
Secretary of State

Entity Name: JACKSONVILLE EDUCATORS BROADCASTING, INC.

Current Principal Place of Business:

3101 EMERSON EXPRESSWAY
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

PO BOX 5219
JACKSONVILLE, FL 32247 US

New Mailing Address:

FEI Number: 65-0016363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SNOWDEN, COLETTE
3101 EMERSON EXPRESSWAY
JACKSONVILLE, FL 32207 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: PD () Delete
Name: CHERRY, REGINALD B MD
Address: 5114 MULBERRY GROVE DR.
City-St-Zip: KINGWOOD, TX

Title: VD () Delete
Name: CROUCH, PAUL F
Address: 1973 PORT CHELSEA PL
City-St-Zip: NEWPORT BCH, CA 92660

Title: AS () Delete
Name: BROWN, ALLAN
Address: 17 BAHAI
City-St-Zip: IRVINE, CA 92714

Title: VD () Delete
Name: CROUCH, JANICE
Address: 1973 PORT CHELSEA PL
City-St-Zip: NEWPORT BEACH, CA 92660

Title: STD () Delete
Name: BROWN, RUTH
Address: 17 BAHIA
City-St-Zip: IRVINE, CA 92714

Title: AS () Delete
Name: HICKEY, TERENCE
Address: 1762 ROANOKE AVE
City-St-Zip: TUSTIN, CA 92780

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:

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 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: SANDY HULQUIST

BA

03/27/2007

Electronic Signature of Signing Officer or Director

Date