

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90114 018 \*\*\*\*70.00

40004000



|  |                                     |   |  |   |  |
|--|-------------------------------------|---|--|---|--|
| <b>DOCUMENT # N23937</b><br>1. Entity Name<br>CENTRAL EDUCATIONAL BROADCASTING, INC.   |                                     |   |  |   |  |
| Principal Place of Business<br>C/O LARRY BOAN<br>6767 20TH STREET<br>VERO BEACH, FL 32966-7904   |                                     |   | Mailing Address<br>C/O LARRY BOAN<br>6767 20TH STREET<br>VERO BEACH, FL 32966-7904   |   |  |
| 2. Principal Place of Business   |                                     | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                     | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                     | City & State  |  |   |  |
| Zip  | Country                             | Zip   | Country  |   |  |
| 6. Name and Address of Current Registered Agent<br><br>BOAN, LARRY<br>6767 20TH STREET<br>VERO BEACH, FL   |                                     |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div> |   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 40%;">           SIGNATURE: <br/> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;">           1-20-06<br/> <small>DATE</small> </div> </div>   |                                     |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006</b>  |                                     | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                      |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                                     |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE  | PTD <input type="checkbox"/> Delete |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | BOAN, LARRY                         |   | NAME   |   |  |
| STREET ADDRESS   | 1366 40TH AVENUE                    |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | VERO BEACH, FL                      |   | CITY - ST - ZIP  |   |  |
| TITLE  | VD <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | HAMILTON, JON                       |   | NAME   |   |  |
| STREET ADDRESS   | 960 - 28TH AVE.                     |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | VERO BEACH, FL                      |   | CITY - ST - ZIP  |   |  |
| TITLE  | SD <input type="checkbox"/> Delete  |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   | TIPTON, WILLIAM                     |   | NAME   |   |  |
| STREET ADDRESS   | 4832 81ST CIRCLE S810 39th Place    |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  | VERO BEACH, FL                      |   | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                     |   | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                     |   | CITY - ST - ZIP  |   |  |
| TITLE  | <input type="checkbox"/> Delete     |   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| NAME   |                                     |   | NAME   |   |  |
| STREET ADDRESS   |                                     |   | STREET ADDRESS   |   |  |
| CITY - ST - ZIP  |                                     |   | CITY - ST - ZIP  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                     |   |  |   |  |
| SIGNATURE:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                                     |   | 1-20-06<br><small>Date</small>   |   |  |
|  |                                     |   | 772-569-0919<br><small>Daytime Phone #</small>   |   |  |