# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 19, 2006**
**Secretary of State**

DOCUMENT# N28963

**Entity Name:** FORT WALTON BEACH EDUCATIONAL BROADCASTING FOUNDATION, INC.

**Current Principal Place of Business:**

233 NORTH HILL AVE.
FT. WALTON BCH., FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1474
FT. WALTON BCH., FL 32549 US

**New Mailing Address:**

**FEI Number: 59-2926304** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

GILES, MARK
141 COUNTRY CLUB RD
SHALIMAR, FL 32579 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: THORNE, L.M.,
Address: 9412 BONEBLUFF DR
City-St-Zip: NAVARRE, FL 32566

Title: D ( ) Delete
Name: JAMES, JIMMY
Address: 7152 SNUG WATERS RD
City-St-Zip: NAVARRE, FL 32578

Title: VD ( ) Delete
Name: THORNE, TERRY K
Address: 1440 PARDISE POINT
City-St-Zip: NAVARRE BEACH, FL 32566

Title: D ( ) Delete
Name: GILES, MARK
Address: 141 COUNTRY CLUB DR
City-St-Zip: SHALIMAR, FL 32548

Title: D ( ) Delete
Name: THORNE, JUNE
Address: 9412 BONBLUFF DRIVE
City-St-Zip: NAVARRE, FL 32566

**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:

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: TERRY K. THORNE VD 05/19/2006

Electronic Signature of Signing Officer or Director — Date