2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28963

FILED Apr 20, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

233 NORTH HILL AVE.

FT. WALTON BCH., FL 32548 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1474

FT. WALTON BCH., FL 32549 US

FEI Number: 59-2926304 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

GILES, MARK

141 COUNTRY CLUB RD

SHALIMAR, FL 32579 US

THORNE, JESSICA S

4723 AMHURST CIRCLE

DESTIN, FL 32541 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: JESSICA SUE THORNE 04/20/2007

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Name:
 THORNE, L.M.,
 Name:
 THORNE, L.M. DR.

 Address:
 9412 BONEBLUFF DR
 Address:
 9412 BONEBLUFF DR

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

Title: D () Delete Title: () Change () Addition

 Name:
 JAMES, JIMMY
 Name:

 Address:
 7152 SNUG WATERS RD
 Address:

 City-St-Zip:
 NAVARRE, FL 32578
 City-St-Zip:

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 THORNE, TERRY K
 Name:
 THORNE, TERRY K

 Address:
 1440 PARDISE POINT
 Address:
 P.O. BOX 1811

City-St-Zip: NAVARRE BEACH, FL 32566 City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D (X) Delete Title: () Change () Addition

 Name:
 GILES, MARK
 Name:

 Address:
 141 COUNTRY CLUB DR
 Address:

 City-St-Zip:
 SHALIMAR, FL 32548
 City-St-Zip:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 THORNE, JUNE
 Name:
 THORNE, JUNE E

 Address:
 9412 BONBLUFF DRIVE
 Address:
 9412 BONBLUFF DRIVE

 City-St-Zip:
 NAVARRE, FL 32566
 City-St-Zip:
 NAVARRE, FL 32566

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 04/20/2007