

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28963

FILED  
Jun 18, 2009  
Secretary of State

**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 (X)**  
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:**

THORNE, JESSICA S  
4723 AMHURST CIRCLE  
DESTIN, FL 32541 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. DR.  
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: P.O. BOX 1811  
City-St-Zip: FORT WALTON BEACH, FL 32549

Title: D ( ) Delete  
Name: THORNE, JUNE E  
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: D (X) Change ( ) Addition  
Name: LAIRD, RICHARD  
Address: 203 SLOAT COURT  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: TERRY K. THORNE

VD

06/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date