

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35177

FILED
Mar 22, 2009
Secretary of State

Entity Name: MIMS COMMUNITY RADIO, INC.

Current Principal Place of Business:

900 OLD MISSION RD.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

900 OLD MISSION RD.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 59-2993333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRIFFITH, ROBERTA
4955 INTERNATIONAL DRIVE BX677
MIMS, FL 32754 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: HENRY, CAROL
Address: 110 LA GRANGE AVE.
City-St-Zip: TITUSVILLE, FL 32796

Title: VD () Delete
Name: GRIFFITH, ROBERTA
Address: 4955 INTERNATIONAL DR.
City-St-Zip: MIMS, FL 32754

Title: STD () Delete
Name: PERDUE, TINA
Address: 5105 PATRICIA ST.
City-St-Zip: COCOA, FL 32927

Title: D () Delete
Name: LONG, DONNA
Address: 3806 RAMBLING ACRES DR
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: DESHLER, BARBARA
Address: 761 FLORENCIA CIRCLE
City-St-Zip: TITUSVILLE, FL 32780

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 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: CAROL HENRY

PRES

03/22/2009

Electronic Signature of Signing Officer or Director

Date