## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 09 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUI 1. Corporation	MENT # N3678	36 (4)				
WSRE-TV FOUNDATION, INC.						
TTOTIL	TY TOOIDATION INC.				E INDUISAL AND ALLIE CHARLES AND AND EACH	DERFE RODIN RODIN BERGE REPERBER
Principal Place	e of Business	Malling Address			1 10 biller was 11110 Sitte 40 Kat (5)46 Gitt gent	BARLI MINIS MINIS MINIS MANIS MANIS SANTS
% WSRE-TV		% W\$RE-TV			1.	
1000 COLLEGE		1000 COLLEGE BLVD. PENSACOLA FL 32504-8910			į.	
PENSACOLA FL 32504 PENSACOLA FL 32504-8910					3. Date Incorporated or Qualified 3a. E	ale of Last Report
					02/26/1990	04/03/1996
	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26 Suite And Minds			<del></del>		59-2993200	Not Applicable
Sulte, Apt. #, etc. Sulte, Apt. #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State City & State			<del></del>		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for intangible	e tax under s. 199.032,
24	25	29 30	)		Florida Statules	
	9. Name and Address of Curre	nt Registered Agent	81	Name	10. Name and Address of New Registered	Agent
			61	Name		
PIZZATO, ALLAN A.			82	Street A	Address (P.O. Box Number is Not Acceptable)	
	WSRE-TV 1000 COLLEGE BLVD.					
	COLA FL 32504		83	ļ		
LITOR	DOLA I E OZOUT		84	City	Fi	85 Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statutes,	the above	e-named o		
office or re agent. I a	egistered agent, or both, in the Stati m familiar with, and accept the oblic	∍ of Florida. Such change was auth jations of, Section 617.0503, Florid	horized by ia Statutes	the corp s.	corporation submits this statement for the purpose oration's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE						
	Signature, typed or printed name of registered ag	· · · · · · · · · · · · · · · · · · ·		ni s <sub>'</sub> gnalure r	required when reinstaling) DATE	D DIDE OF OTHER
12.	OFFICERS AF	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	PIZZATO, ALLAN A.		1.2 NAME			
STREET ADDRESS	1000 COLLEGE BLVD.		1.3 STREET	ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32504		1.4 CITY-			
TITLE	DC	☐ DELETE	2.1 TITLE			Change Addition
NAME	WINDHAM, PAT		22 NAME	ļ		
STREET ADDRESS			2.3 STREET	ADDRESS		
CITY-ST-ZIP			2. 4 CITY-	ST-ZIP		
TITLE	DV	X(X) DELETE	3.1 T∤TL€	4	DV	Change Addition
NAME PARTER APPROVED	1000 0000 0000		3.2 NAME	ADDRESS	Weeks, Charles	
STREET ADDRESS Ofty-ST-ZIP	DEMIA 4 A A A A A A A A A A A A A A A A A A		3.3 STREET 3.4. CITY - 9		4855 Manolete Pensacola, FL 32504	
TITLE	DS	X DELETE	4.1 TITLE	SI-ZIP	DS	☐ Change → X Addition
NAME	EPPTS, LORNETTA		4. 2 NAME		Likis, Bobby	,
STREET ADDRESS	1000 COLLEGE BLVD.		4.3 STREET		5675 N. Davis Highway	
CITY-ST-ZIP	PENSACOLA FL 32504		4.4 DITY-S	T- ZIP	Pensacola, FL 32503	
TITLE		☐ DELETE	5.1 FITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 BTREET	ADDRESS		
CITY-ST-ZIP		Deceme	5.4 DITY-S	T-ZIP		F Observe F 1 4 4 hor
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 \$TREET	ADDRESS	•	

6.4 (CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.