**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N36786**

1. Corporation Name

WSRE-TV FOUNDATION, INC.

Principal Place of Business
% WSRE-TV
1000 COLLEGE BLVD.
PENSACOLA FL 32504

2. Principal Place of Business

Suite, Apt. #, etc.

21

22

Mailing Address

% WSRE-TV 1000 COLLEGE BLVD. PENSACOLA FL 32504

2a. Mailing Address

27

Suite, Apt. #, etc.

## FILED May 07, 1999 8:00 am § Secretary of State

05-07-1999 90071 004 \*\*\*\*61.25



Date Incorporated or Qualifed

02/26/1990

59-2993200

4. FEI Number

City & State	City & State				5. Certifo			te of Status D		•		Additional	
23		28								Fee Required		uired	
Zip	Country	Zip	(	Country			6. Election	n Campaign F	inancing			.00 N	,
24	25	29	30				Trust Fund Contribution				Added to Fe		
	9. Name and Address of Current	Registered Agent					10. Name	and Address	of New F	Registered	Agent		
			•	81	Na	ame							
PIZZATO,	ΔΙΙΔΝ Δ			82	Str	root Addres	es (P.O. Boy	Number is No	at Accents	able)			
WSRE-TV	ALLAN A.			02	311	ice: Addie:	133 (r .O. DOX	THE THE TAIL	у госори	2010)			
	LEGE RIVO			83									
1000 COLLEGE BLVD. PENSACOLA FL 32504													
FENSAGO	EA 1 E 32304			84	Cit	ty				FL	85	Zip Co	000
11 Dursuant	to the provisions of Sections 617.0502	and 617 1508. Flor	rida Statutes, th	e above	i e-nar	med corpor	ration submit	s this stateme	nt for the	purpose of	changi	ng its r	egistered
office or n	egistered agent, or both, in the State of	f Florida. Such chai	nge was authori	zed by	the (	corporation	n's board of d	irectors. I her	eby acce	ot the appoir	ntment	as regi	stered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617	.0503, Flonda S	statutes.	•								
SIGNATURE			(NOTE: Parint	ared Agen	t ciano	sturn enquired u	when reinstating)			DATE			[
12.	Signature, typed or printed name of registered agent			13.	it signa	ature required v		NS/CHANGE	S TO OF		D DIRE	CTOR	S IN 12
	OTTIOE TO STATE OF THE STATE OF			.1 TITLE		.					☐ Ch		Addition
TITLE												•	_
NAME	1 122 (10) 7 122 (17)			2 NAME 3 STREET ADDRESS									
STREET ADDRESS	1000 COLLEGE BLVD.		E .			4E33							
CITY-ST-ZIP	PENSACOLA FL 32504			.4 CITY-ST	r-zip			·			□ Ch	2222	Addition
TITLE	DC			.1 TITLE								ange	
NAME	LOVOY, JOSEPH		2	2 NAME									
STREET ADDRESS	744 E BURGESS RD		2	3 STREET	ADDF	RESS							ŀ
CITY-ST-ZIP	PENSACOLA FL 32504			.4 CITY-S	T-ZIP								<del></del>
TITLE	DV	¥ <u>T</u> V	DELETE 3	.1 TITLE							Ch	ange	Addition
NAME	WEEKS, CHARLES		3	2 NAME		ł							i
STREET ADDRESS	4855 MANOLETE 33 S			3.3 STREET ADDRESS									
CITY-ST-ZIP	PENSACOLA FL		3	.4. CITY-S	T-ZIP								
TITLE	VD	Π̈́	DELETE 4	.1 TITLE							CH	ange	☐ Addition
NAME	LIKIS. BOBBY		4	. 2 NAME									
STREET ADORESS	5675 N DAVIS HIGHWAY		4	.3 STREET	r addi	RESS							
CITY-ST-ZIP	PENSACOLA FL 32503		4	4 CITY-ST	T-ZIP	ļ							
TITLE	DS	DELETE 5.1									Ch	ange	☐ Addition
NAME	BURKETT, LISA			2 NAME		1							
STREET ADDRESS	557 MARY ESTHER CUTOFF		5	.3 STREET	T ADDF	RESS							1
	FT WALTON BEACH F 32548		l s	.4 CITY-\$1	T-ZIP	-							1
CITY-ST-ZIP	TT WALLOW BEACHT GEOTO			.1 TITLE							□ Ch	ange	☐ Addition
		<b>_</b>	-	.2 NAME								-	
NAME				3 STREET	T AND	RESS							1
STREET ADDRESS				i.a STREET i.4 CITY-ST									ĺ
CITY-ST-ZIP	partify that the information supplied with	this filing door not				tated in Se	action 119 07	(3)(i) Elorida	Statutos	I further cer	tify that	the in	formation

Indicated on this annual report or supplied with any similar occurate 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 truefee enhowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, gron an attachment with an address, with all other like empowered.

SIGNATURE:

4/27/99 850-484-1200

Applied For

Not Applicable