


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005 8:00 am
Secretary of State

02-04-2005 90041 041 ****61.25

DOCUMENT # N36786
 1. Entity Name
WSRE-TV FOUNDATION, INC.



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

Mailing Address
 % WSRE-TV
 1000 COLLEGE BLVD.
 PENSACOLA, FL 32504

40016910



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01142005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2993200

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CESARETTI RAY, SANDRA
 1000 COLLEGE BLVD.
 PENSACOLA, FL 32504

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title (Applicable) (NOTE: Registered Agent signature required when changing) DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	SNYDER, ROBERT	
STREET ADDRESS	3535 NORTH ALCANIZ STREET	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE	ED	<input type="checkbox"/> Delete
NAME	CESARETTI RAY, SANDRA	
STREET ADDRESS	1000 COLLEGE BOULEVARD	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	TD	<input type="checkbox"/> Delete
NAME	POPE, KAREN	
STREET ADDRESS	1000 COLLEGE BLVD.	
CITY-ST-ZIP	PENSACOLA, FL 32504	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	NICKELSEN, PEGGY Y	
STREET ADDRESS	3410 NORTH 18TH AVENUE	
CITY-ST-ZIP	PENSACOLA, FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peggy Y Nickelsen.	
STREET ADDRESS	3410 North 18th Avenue	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Adrian Remke	
STREET ADDRESS	1000 College Blvd.	
CITY-ST-ZIP	Pensacola, FL 32504	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Pope
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05 850-484-1231
Date Date/Time (HH:MM)