

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 12 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N36905 (0)**
1. Corporation Name
SUNCOAST BROADCASTING OF LAFAYETTE COUNTY, INC.Principal Place of Business Mailing Address
P.O. BOX 644 MAYO FL 32066 **P.O. BOX 644 MAYO FL 32066-0644****3. Date Incorporated or Qualified 03/05/1990** **3a. Date of Last Report 01/24/1996****2. Principal Place of Business** **2a. Mailing Address****21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.**22** City & State **27** City & State**23** Zip **28** Country**24** Zip **25** Country **29** Zip **30** Country**4. FEI Number 59-3140919** **Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Election Campaign Financing Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees****8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☐ Yes ☒ No**9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****ELLERKER SR, FRANK**
4 S MONROE ST
WHISPERING OAKS SUBDIVISION
MAYO FL 32066**81 Name**
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85 Zip Code****11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.**

SIGNATURE

Signature, typed or printed name of registered agent; and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12****TITLE D** ☐ DELETE
NAME ELLERKER, FRANK SR
STREET ADDRESS 218 NE 1ST STREET
CITY - ST - ZIP CHIEFLND FL**1.1 TITLE** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**TITLE D** ☐ DELETE
NAME ELLERKER, FRANK JR
STREET ADDRESS 218 NE 1ST STREET
CITY - ST - ZIP CHIEFLND FL**2.1 TITLE** ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**TITLE T** ☐ DELETE
NAME ELLERKER, ATHA PAGE
STREET ADDRESS 218 NE 1ST STREET
CITY - ST - ZIP CHIEFLND FL**3.1 TITLE** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**TITLE D** ☐ DELETE
NAME ELLERKER, SHARON SUE
STREET ADDRESS 218 NE 1ST STREET
CITY - ST - ZIP CHIEFLND FL**4.1 TITLE** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**TITLE** ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**5.1 TITLE** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**TITLE** ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**6.1 TITLE** ☐ Change ☐ Addition
6.2 NAME
6.3 STREET 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.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK ELLERKER

3-10-97

(352) 443-2879

CR2E037 (9/96)