FILE N
NONPROFIT
CORPORATION
ANNUAL REPORT
1996 4-(
OCUMENT #
NORTHWEST FLOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State ORATIONS

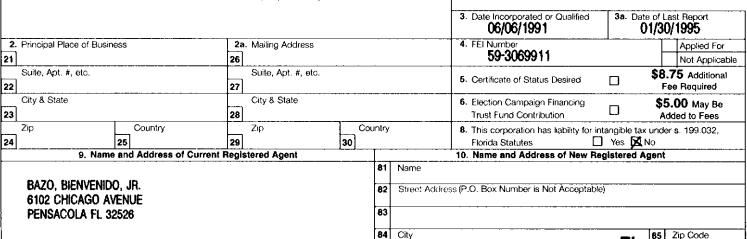
CUMENT #	N43734	(5)

ida radio reading service, inc

Principal Place of Business 6102 CHICAGO AVENUE PENSACOLA FL 32526

Mailing Address

6102 CHICAGO AVENUE PENSACOLA FL 32526



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 _						
12.	Stynature, typed or printed name of registered agent and title I approable. (NOTE: Registered Agent signature required when reinstating): DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			RS IN 12		
TITLE	DT	DELETE	1.1 TITLE	7.00.0110.0110.011.1100.07.1	☐ Change	Addition
NAME	MCWILLIAMS, CHARLOTTE	_	1.2 NAME		<u></u> - v.	L.J
STREET ADDRESS	2021 HALLMARK DRIVE		1.3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		1.4 CHTY-ST-ZIP	32503		
TITLE	SD	DELETE	2.1 TITLE		☐ Change	Addition
NAME	SMITH, LINDA		2.2 NAME			
STREET ADDRESS	28 JANET ST.		2 3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL 32506		2 4 CITY-ST-ZIP			
TITLE	D	DELETE	31 TITLE		☐ Change	Additio
NAME	BAZO, BIENVENIDO JR		3.2 NAME			
STREET ADDRESS	6102 CHICAGO AVE.		3 3 STREET ADDRESS			
CITY-ST-ZIP	PENSACOLA FL		34. CITY-ST-ZIP	32526		
TITLE		DELETE	4.1 TITLE		☐ Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	51 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			53 STREET ADDRESS			
CITY-ST-ZIP			54 CITY-ST-ZIP			
TITLE		DELETE	61 TITLE		☐ Change	Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
017 / CT 7/D			EACITY OF 710			

6.4 CITY-ST-ZIP
6.4 CITY-ST-ZIP
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

4/10/96 904-944-4652