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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N49866

(9)

SOUTHERN ORTHODOX RADIO COMMUNICATIONS ENTERPRIS ES (S.O.R.C.E.), INC.

	Principal Place of Business Mailing Address						BARA DIDA BIDIF DA)) 	TIĞLI ELĞIL IBBI		
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Sign. Apt. V. etc. Suite, Apt. V. etc. S							3. Date Incorporated or Qualified 07/13/1992	3a. Date o	Last F 23/19	Report 395	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. S. Centricate of Status Desired \$8,75 Additional Fee Required \$8,75 Additional Fee Requ	2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			upplied For	
Section Correction Section	1					·	39-3 132004				
Trust Fund Contribution Addition Additio	Suite, Apt. #	t, etc.					5. Certificate of Status Desired	_ \$			
Zo	¬ ´		⊢ ¬ '		,	·	, , ,				
9. Name and Address of Current Registered Agent TUTKO, REV. PETER 1004 GREENLEAF WAY TARPON SPRINGS FI. 34689 40 City FL 85 Zp Code 1. Pursuant to the provisions of Sections 617 CISC2 and 617 1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, it am familiar with, and accept the objections of, Section 617 CISC3, Florida Statutes. INCINATURE Spring to protect name dregatives agent will be described. PO CFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS IN 12 2. OFFICERS AND DIFFECTORS 13. ADDITIONS/CHANGES TO OFFICERS IN 12 INTEL ADDRESS 14. ADDRESS 15. SIRRET ADDRESS 14. ADDRESS 15. SIRRET ADDRESS 16. TUTKO, MARK JOHN 10. DELETE 11. TITLE 12. TUTKO, ARAN JOHN 10. DELETE 21. TUTKO, SONJA 22. MARE 10. Change Addition	¬ '		Zip	Zip Country			8. This corporation has liability for intangible tax under s. 199.032,				
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TUTKO, REV. PETER 1004 GREENLEAF WAY TARPON SPRINGS FI 34689 4 Oity FL 85 20 Code Addition Addi		9. Name and Address of Curren	t Hegistered Agent		91	Nama	10. Name and Address of New Me	gistereo Age	<u>m</u>		
TAPON SPRINGS FL 34689 83 84 City FL 85 Zip Code 1. Pursuant to the provisions of Sections 617.0502 and 617.1509, Fonds 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 Fonds. Sur change was authorized by the corporation's board of directors. I hereby accept the appointment as registered egent. I am office from the purpose of provision and the provision is board of directors. I hereby accept the appointment as registered egent. I am office from the purpose of provision and the provision is board of directors. I hereby accept the appointment as registered egent. I am office from the purpose of provision and the pro	THEFT	DC) (DETED				INGILIE					
TARPON SPRINGS FL 34689 83 84 City FL 85 Zip Code 1. 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 agent, if am carried registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, if am carried with an or accept the obligations of, Section 617,0503, Florida Statutes. IGNATURE Spulse trucked or priled name of registered agent, if am carried with a proportion of registered agent, if am carried with respective trucked or priled name of registered agent, if am carried with respective trucked or priled name of registered agent, if am carried with respective registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked or priled name of registered agent, if an inches trucked agent, if an in					82	Street Add	ress (P.O. Box Number is Not Acceptable	9)			
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1. Pursuant to the provisions of Sections 617 0502 and 617 1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, it obts, in the State of Florida. Such change was suthinored 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. IGNATURE					84	City		FI	5 Zip	Code	
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 régistered égent. I am familiar with, and accept the obligations of Section 617-050-05, Riords Statutes. IGNATURE Signature typed or prind name of registered agent. I am familiar with, and accept the obligation of Section 617-050-05, Riords Statutes. Signature typed or prind name of registered agent. I am familiar with, and accept the obligation of Section 617-050-05, Riords Statutes. Signature typed or prind name of registered agent. I am familiar with, and accept the obligation of Section 617-050-05. Riords Statutes. Signature typed or prind name of registered agent. I am familiar with a statute of the principle of the principl	11. Pursuant to	o the provisions of Sections 617.0502	and 617,1508, Florida Statut	es, the abo	ve-na	amed corpor	ration submits this statement for the pure		na its re	egistered office	
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4. 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 carbity that I are an effect or director of the correlation or the receiver of the same legal effect as if made under carbity that I are an effect or director of the correlation or the receiver of the same legal effect as if made under carbity that I are not produced to a receiver of the correlation of the correlat	CITY-ST-ZIP										
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF EXAMING OFFICER OR DIRECTOR

1 fame 1996 813-

\$13-937-1159 Daytime Phone #