FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 22 AM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N50572

1. Corporation Name

Cedar Creek Public Radio, Inc.

Principal Place of Business (as is on file)	Mailing Address (zip code is corrected below)
15455 N.E. C-314 Silver Springs, FL 32688	15455 N.E. C-14 Silver Springs, FL 32688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/92
3a. Date of Last Report: 05/01/94
4. FEI Number: 59-3184759 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 34488 / Country 25	Zip 29: 34488 / Country 30

9. Name and Address of Current Registered Agent

(as is on file)
Daniel McMurphy
1688 Yellowstone
Cocoa, FL 32922 US

10. Name and Address of New Registered Agent

61 Name: Darlene Faust
62 Street Address (P.O. Box Number is Not Acceptable): 15455 NE C-314
63
64 City: Silver Springs FL 65 Zip Code: 34488

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Darlene Faust — Darlene Faust (NOTE: Registered Agent signature required when reinstating) — DATE: 5-22-95
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	Daniel McMurphy	12 NAME	000001522290
STREET ADDRESS	1688 Yellowstone St	13 STREET ADDRESS	-06/23/95--01078--025
CITY-ST-ZIP	Cocoa FL 32922	14 CITY-ST-ZIP	*****70.00 *****70.00
TITLE	VPD	21 TITLE	☐ Change ☒ Addition
NAME	Fletcher Counts	22 NAME	
STREET ADDRESS	15470 NE C-314	23 STREET ADDRESS	New name and address
CITY-ST-ZIP	Silver Springs, FL 34488	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	Darlene Faust	32 NAME	
STREET ADDRESS	15455 NE C-314	33 STREET ADDRESS	Zip code only changed
CITY-ST-ZIP	Silver Springs, FL 34488	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☒ Addition
NAME	Stan DeVivo	42 NAME	brand new name and address
STREET ADDRESS	1985 SE 173rd Ave	43 STREET ADDRESS	
CITY-ST-ZIP	Silver Springs, FL 34488	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	CH

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: Darlene Faust — Darlene Faust, Sec/Treas — 5-22-95 — 904 625 7676
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #