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Feb 27 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N50572 (9)

1. Corporation Name

CEDAR CREEK PUBLIC RADIO, INC.

Principal Place of Business

15455 N.E. C-314
SILVER SPRINGS FL 32688

Mailing Address

PO BOX 1089
SILVER SPRINGS FL 34489-1089



3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
07/24/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 271 N. 314 A

Suite, Apt. #, etc.

27 City & State

28 SILVER SPRINGS

Zip

29 34488

Country

30 MARION

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

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

FAUST, DARLENE
15455 N.E. C-314
SILVER SPRINGS FL 34488

81 Name

WILLIAM C. MCMURPHY

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

271 N. Hwy 314 A

83

84 City

SILVER SPRINGS, FL

85 Zip Code

34488

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 Mary K. McMurphy

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

(NOTE: Registered Agent signature required when reinstating)

2-1-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME MCMURPHY, DANIEL
STREET ADDRESS 6678 SR 471
CITY-ST-ZIP BUSHNELL FL 33513

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME COUNTS, FLETCHER
STREET ADDRESS 15470 N.E. C-314
CITY-ST-ZIP SILVER SPRINGS FL 34488

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DST
NAME FOUST, DARLENE
STREET ADDRESS 15455 NE C-314
CITY-ST-ZIP SILVER SPRINGS FL 34488

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME DEVIVO, STAN
STREET ADDRESS 1985 S.E. 173RD AVE.
CITY-ST-ZIP SILVER SPRINGS FL 34488

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: Daniel M. McMurphy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-97

Date

Daytime Phone # 0066151

CR2E037 (9/96)