FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N9200000549 (7)

WOLR 91.3 FM, INC.

LUND, GORDON C 1508 STATE AVE HOLLY HILL FL 32117

Principal Place of Business Mailing Address						
1508 STATE AVE HOLLY HILL FL 32117	1508 STATE AVE HOLLY HILL FL 32117		3. Date incorporated or Qualified 12/01/1992			
			4. FEI Number	Applied For		
			59-3220061	Not Applicable		
2. Principal Place of Business 1 3332 ZZOTP	2a. Mailing Address	220± PI	5. Certificate of Status Desired	\$8.75 Additional Fee Reguired		
Suite, Apr. #, etc.	Suite, Apt. #, etc.	C-0	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State	City & State	0	7. Is this nonprofit corporation a homeov			
25 Column	bid 29 32024	30 Columbia	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
		and the second				

office or re agent. I ar	egistered agent, or both, in the State of Florid in familiar with, and accept the obligations of,	Section 617,0503, Florid	thorized by the cor da Statutes.	poration's board of directo	rs. I hereby accept the a	ppointment as	registered
SIGNATURE _	Signature, typed or printed name of registered agent and title it	anglicable (NOTE: 6	lanistared Acont constitut	required when reinstating)	V/2G	198	
12.	OFFICERS AND DIREC		13.		ANGES TO OFFICERS A	ND DIRECTOR	S IN 12
TITLE	PT	DELETE	1.1 TITLE	VT		Change	☐ Addition
NAME	LUND, GORDON C		1.2 NAME	Gordon C. Lo	ind	_ •	
STREET ADDRESS	490 N YONGE ST		1.3 STREET ADDRESS	990 N. Youge			
CITY-ST-ZIP	ORMOND BEACH FL 32174		1.4 CITY-ST-ZIP	Ormand Be		7 / -	
TITLE	ŠT	DELETE	2.1 TITLE	77		Change	Addition
NAME	LUND, EARLYNE G		2.2 NAME	Chris H. Y	nusquove		
STREET ADDRESS	490 N YONGE ST		2.3 STREET ADDRESS	10931 608	Terrace		
CITY-ST-ZIP	ORMOND BEACH FL 32174		2. 4 CITY - ST - ZIP	Live Oals	1206C	<u> </u>	
TITLE	VT	DELETE	3.1 TITLE		7	☐ Change	Addition
NAME	CHAMPION, ROBERT		3.2 NAME				
STREET ADDRESS	913 PELICAN BAY DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	DAYTONA BEACH FL 32114		3.4. CITY-ST-ZIP				
TITLE	Π	DELETE	4.1 TITLE	PT	_	🔼 Change	Addition
NAME	DAVIS, FRANK C		4. 2 NAME	Frank C.	<u> </u>		
STREET ADDRESS	1322 EUCLID ST		4.3 STREET ADDRESS	Frank C. 1341 Corela	and St.		
CITY-ST-ZIP	LIVE OAK FL 32060		4.4 CITY-ST-ZIP	Live oak	FL 32060		
TITLE		☐ DELETE	5.1 TITLE	ST		Change	Addition
NAME			5.2 NAME	Judy Bannis	ter		
STREET ADDRESS			5.3 STREET ADDRESS	R+4 Box 360			
CITY-ST-ZIP			5.4 CITY - ST - ZIP	Lake City, T	2 32024		
TITLE		☐ DELETE	6.1 TITLE	.,, //	· · 	☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied with this filing indicated on this annual report or supplemental annual rep officer or director of the corporation or the receiver or trust Block 12 or Block 13 if changed or on an attachment with

SIGNATURE:

FILED

Feb 06 1998 8:00am

Secretary of State