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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000549

1. Corporation Name

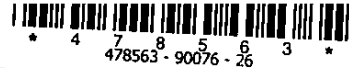
WOLR 91.3 FM, INC.

Principal Place of Business

3332 220TH PL
LAKE CITY FL 32024
US

Mailing Address

3332 220TH PL
LAKE CITY FL 32024
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/01/1992

4. FEI Number
59-3220061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DAVIS, FRANK C
1341 COPELAND ST
LIVE OAK FL 32060

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VT
NAME LUND, GORDON C
STREET ADDRESS 490 N YONGE ST
CITY-ST-ZIP ORMOND BEACH FL 32174

TITLE TT
NAME MUSGROVE, CHRIS H
STREET ADDRESS 10931 108TH TERR
CITY-ST-ZIP LIVE OAK FL 32060

TITLE VT
NAME CHAMPION, ROBERT
STREET ADDRESS 913 PELICAN BAY DR
CITY-ST-ZIP DAYTONA BEACH FL 32114

TITLE PT
NAME DAVIS, FRANK C
STREET ADDRESS 1341 COPELAND ST
CITY-ST-ZIP LIVE OAK FL 32060

TITLE ST
NAME BANNISTER, JUDY
STREET ADDRESS RT 4 BOX 360
CITY-ST-ZIP LAKE CITY FL 32024

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TT
1.2 NAME Lake, Bobbie
1.3 STREET ADDRESS 375 Westmoreland St.
1.4 CITY-ST-ZIP Live Oak, FL 32060

2.1 TITLE VT
2.2 NAME Musgrove, Chris H.
2.3 STREET ADDRESS 10931 108th Terr
2.4 CITY-ST-ZIP Live Oak, FL 32060

3.1 TITLE VT
3.2 NAME Sumrall, Judy
3.3 STREET ADDRESS P.O. Box 1394
3.4 CITY-ST-ZIP Cross City, FL 32628

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 904-364-4800

CR2E037 (11/98)