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05-04-1999 90076 026 ****61.25

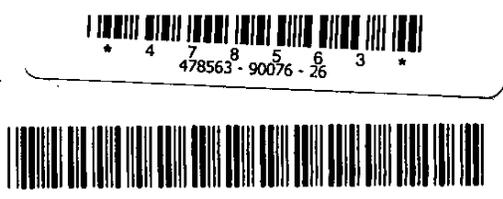
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000549

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/01/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3220061
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DAVIS, FRANK C 1341 COPELAND ST LIVE OAK FL 32060		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VT NAME LUND, GORDON C STREET ADDRESS 490 N YONGE ST CITY-ST-ZIP ORMOND BEACH FL 32174	<input checked="" type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TT NAME MUSGROVE, CHRIS H STREET ADDRESS 10931 108TH TERR CITY-ST-ZIP LIVE OAK FL 32060	<input type="checkbox"/> DELETE	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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VT NAME CHAMPION, ROBERT STREET ADDRESS 913 PELICAN BAY DR CITY-ST-ZIP DAYTONA BEACH FL 32114	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VT 3.2 NAME Sumall, Judy 3.3 STREET ADDRESS P.O. Box 1394 3.4 CITY-ST-ZIP Cross City, FL 32628	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE PT NAME DAVIS, FRANK C STREET ADDRESS 1341 COPELAND ST CITY-ST-ZIP LIVE OAK FL 32060	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE ST NAME BANNISTER, JUDY STREET ADDRESS RT 4 BOX 360 CITY-ST-ZIP LAKE CITY FL 32024	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Katherine Harris DATE: 4/27/99 DAYTIME PHONE: 904-364-4800

CR2E037 (1/198)