2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# N92000000549

Entity Name: WOLR 91.3 FM, INC.

Current Principal Place of Business:

10046 HIGHWAY 129 SOUTH
LIVE OAK, FL 32060 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1448
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 59-3220061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, FRANK C
1341 COPELAND ST
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	VT	( ) Delete
Name:	SUMRALL, JUDY	
Address:	P.O. BOX 1394	
City-St-Zip:	CROSS CITY, FL 32628	
Title:	VT	( ) Delete
Name:	MUSGROVE, CHRIS H	
Address:	7919 137TH ROAD	
City-St-Zip:	LIVE OAK, FL 32060	
Title:	PT	( ) Delete
Name:	DAVIS, FRANK C	
Address:	1341 COPELAND ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	ST	( ) Delete
Name:	DAVIS, AMANDA	
Address:	1341 COPELAND ST	
City-St-Zip:	LIVE OAK, FL 32064	
Title:	TT	( ) Delete
Name:	LAKE, BOBBIE	
Address:	375 WESTMORELAND STREET	
City-St-Zip:	LIVE OAK, FL 32064	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK C. DAVIS PT 01/20/2009

Electronic Signature of Signing Officer or Director — Date