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Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002843 (0)

1. Corporation Name

MIDAMERICA COMMUNICATION FOUNDATION, INC.



Principal Place of Business 12888 Coco Plum Ln 853 VANDERBILT BEACH ROAD SUITE 18 NAPLES FL 33963 34119	Mailing Address P.O. Box 420 097 853 VANDERBILT BEACH ROAD SUITE 18 NAPLES FL 33963 34110
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3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 04/10/1996
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2. Principal Place of Business 21 12888 Coco Plum Lane Suite, Apt. #, etc. 22 City & State 23 Naples, FL 34119 Zip 24 34119 Country 25 Collier	2a. Mailing Address 26 Box 420097 Suite, Apt. #, etc. 27 City & State 28 Naples, FL 34110 Zip 29 34110 Country 30 Collier
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4. FEI Number 65-0496659	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	
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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	PD <input type="checkbox"/> DELETE
NAME	DOVER, CLARENCE J
STREET ADDRESS	853 VANDERBILT BEACH ROAD 12888 Coco Plum
CITY-ST-ZIP	NAPLES FL 33963 34119
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	DOVER, DOROTHY T
STREET ADDRESS	853 VANDERBILT BEACH ROAD #12
CITY-ST-ZIP	NAPLES FL 33963
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DOVER, DOUGLAS T
STREET ADDRESS	853 VANDERBILT BEACH ROAD #12
CITY-ST-ZIP	NAPLES FL 33963
TITLE	D <input type="checkbox"/> DELETE
NAME	DUNIVER-MANSFIELD, CYNTHIA
STREET ADDRESS	3906 BAIRD RD.
CITY-ST-ZIP	STOW OH 44224
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	12888 Coco Plum Ln
1.4 CITY-ST-ZIP	Naples, FL 34119
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	12888 Coco Plum Ln
2.4 CITY-ST-ZIP	Naples, FL 34119
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Richard E. Strain
3.4 CITY-ST-ZIP	Box 12338 The Bird Barn, E. Main St. Highland, NC 28741
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

CR2E037 (9/96)