

FILE NOW: FILING FEE IS \$61.25

FILED
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 12 NAPLES FL 33963 34119	Mailing Address P.O. Box 420 097 853 VANDERBILT BEACH ROAD SUITE 12 NAPLES FL 33963 34110
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3. Date Incorporated or Qualified 06/08/1994	3a. Date of Last Report 04/10/1996
4. FEI Number 65-0496659	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business 21 12888 Coco Plum Lane	2a. Mailing Address 26 Box 420097
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Naples, FL 34119	City & State 28 Naples, FL 34110
Zip 24 34119	Country 25 Collier
Zip 29 34110	Country 30 Collier

9. Name and Address of Current Registered Agent
LAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVER, CLARENCE J	1.2 NAME	
STREET ADDRESS	853 VANDERBILT BEACH ROAD 12888 Coco Plum	1.3 STREET ADDRESS	12888 Coco Plum Ln
CITY-ST-ZIP	NAPLES FL 33963 34119	1.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOVER, DOROTHY T	2.2 NAME	
STREET ADDRESS	853 VANDERBILT BEACH ROAD #12	2.3 STREET ADDRESS	12888 Coco Plum Ln
CITY-ST-ZIP	NAPLES FL 33963	2.4 CITY-ST-ZIP	Naples, FL 34119
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOVER, DOUGLAS T	3.2 NAME	
STREET ADDRESS	853 VANDERBILT BEACH RD. #12	3.3 STREET ADDRESS	Richard E. Strain
CITY-ST-ZIP	NAPLES FL 33963	3.4 CITY-ST-ZIP	606 X 2338 The Bird Barn, E. Main St.
TITLE	D <input type="checkbox"/> DELETE	3.5 STREET ADDRESS	Highland, NC 28741
NAME	DUNIVER-MANSFIELD, CYNTHIA	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3906 BAIRD RD.	4.2 NAME	
CITY-ST-ZIP	STOW OH 44224	4.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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)