

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26, 1999 8:00 am  
Secretary of State

02-26-1999 90030 025 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N94000002843**

1. Corporation Name  
**MIDAMERICA COMMUNICATION FOUNDATION, INC.**

|  |   |
|--|---|
| Principal Place of Business<br>12888 COCO PLUM LANE<br>NAPLES FL 34119<br>US | Mailing Address<br>BOX 420 097<br>NAPLES FL 34110<br>US |
|--|---|



|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 2. Principal Place of Business<br>21 12888 Coco Plum Ln<br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 Naples, FL<br>Zip Country<br>24 34119 25 Collier | 2a. Mailing Address<br>26 Box 420 097<br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 Naples, FL 34110<br>Zip Country<br>29 34110 30 Collier | 3. Date Incorporated or Qualified<br>06/08/1994 | 4. FEI Number<br>65-0496659<br>Applied For<br>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 |
|---|---|---|--|--|---|

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   |
| 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

|                |                            |                                 |
|----------------|----------------------------|---------------------------------|
| TITLE          | D                          | <input type="checkbox"/> DELETE |
| NAME           | DOVER, CLARENCE J          |                                 |
| STREET ADDRESS | 12888 COCO PLUM LN         |                                 |
| CITY-ST-ZIP    | NAPLES FL                  |                                 |
| TITLE          | STD                        | <input type="checkbox"/> DELETE |
| NAME           | DOVER, DOROTHY T           |                                 |
| STREET ADDRESS | 12888 COCO PLUM LN         |                                 |
| CITY-ST-ZIP    | NAPLES FL                  |                                 |
| TITLE          | P                          | <input type="checkbox"/> DELETE |
| NAME           | STRAIN, RICHARD E          |                                 |
| STREET ADDRESS | THE BIRD BARN, E MAIN ST   |                                 |
| CITY-ST-ZIP    | HIGHLAND NC                |                                 |
| 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 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 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 REQUIRED STD 1-28-99 941-566-7068  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)