

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2006 8:00 am**  
**Secretary of State**

02-22-2006 90018 001 \*\*\*\*61.25

**DOCUMENT # N99000004590**

1. Entity Name  
SPIRIT RADIO OF NORTH FLORIDA, INC.



Principal Place of Business

412 NE 16TH AVE *Suite 15*  
GAINESVILLE, FL 32601

Mailing Address

412 NE 16TH AVE  
GAINESVILLE, FL 32601



02012006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3600375

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GUIDI, DENNIS E  
1837 HENDRICKS AVE  
JACKSONVILLE, FL 32207

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME JULIEN, ROLAND M  
STREET ADDRESS 412 NE 16TH AVE *Suite 15*  
CITY-ST-ZIP GAINESVILLE, FL 32601

TITLE D  
NAME GALEONE, VICTOR B  
STREET ADDRESS 11625 OLD ST AUGUSTINE RD  
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE D  
NAME KRAMER, CHARLES  
STREET ADDRESS 7759 SE CR 18  
CITY-ST-ZIP HAMPTON, FL 32044

TITLE D  
NAME KRAMER, MARY  
STREET ADDRESS 7759 SW CR 18  
CITY-ST-ZIP HAMPTON, FL 32044

TITLE D  
NAME MUSE, CONNIE  
STREET ADDRESS 10453 SW 66 AVE  
CITY-ST-ZIP HAMPTON, FL 32044

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

*Roland M. Julien* ROLAND M. JULIEN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/06 352/372-4641