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PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

Mar 20 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600066545 (0)

OCALA CHRISTIAN RADIO GROUP, INC.

Principal Place of Business Mailing Address **846 SE 14TH AVE** 846 SE 14TH AVE **OCALA FL 34471** OCALA FL 34471 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified <u>08/07/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 Not Applicable 21 59-3395895 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Yes Personal Property Tax due June 30. 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent OKUS, MARK **846 SE 14TH AVE** Street Address (P.O. Box Number is Not Acceptable) OCALA FL 34471 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Fiorida. 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 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition 1.1 TITLE TITLE D 12 NAME NAME OKUS, MARK STREET ADDRESS **846 SE 14TH AVE** 1.3 STREET ADDRESS CITY-ST-ZIP OCALA FL 34471 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE Ralshon, Scott 2015 11 NAME **BRADSHAW, SCOTT** 2011 SE 27TH ST 2018 SW 43 PL 00ALA FL 34171 DCA PL 34474
D DELETE STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition 3.1 TITLE TITLE 32 NAME NAME RHODES, THOMAS STREET ADDRESS **950 NE 51ST AVE** 3.3 STREET ADDRESS CITY-ST-ZIP **OCALA FL 34470** 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

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 607, Florida Statutes; and that my name appears in