

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N36786

**Entity Name:** WSRE-TV FOUNDATION, INC.

**Current Principal Place of Business:**

% WSRE-TV  
1000 COLLEGE BLVD.  
PENSACOLA, FL 32504-8910

**Current Mailing Address:**

% WSRE-TV  
1000 COLLEGE BLVD.  
PENSACOLA, FL 32504-8910 US

**FEI Number:** 59-2993200

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CESARETTI RAY, SANDRA  
1000 COLLEGE BLVD.  
PENSACOLA, FL 32504-8910 US

*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.*

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

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title CD  
Name SIMS, SANDY  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

Title VD  
Name HOLMAN, STEPHEN T  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

Title S  
Name JOHNSON, MICHAEL  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

Title D  
Name LOVOY, JOE  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

Title D  
Name HALE, SHEILA  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

Title D  
Name MERRILL, JANE  
Address 1000 COLLEGE BLVD  
City-State-Zip: PENSACOLA FL 32504-8910

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MICHAEL JOHNSON

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04/26/2013

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date