# 2016 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

## Name and Address of Current Registered Agent:

CESARETTI RAY, SANDRA 1000 COLLEGE BLVD, PENSACOLA, FL 32504-8910 US FILED Apr 26, 2016 Secretary of State CC9924192847

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	CD	Title	VD
Name	JOHNSON, MICHAEL	Name	HOLMAN, STEPHEN
Address	1000 COLLEGE BLVD	Address	1000 COLLEGE BLVD
City-State-Zip:	PENSACOLA FL 32504-8910	City-State-Zip:	PENSACOLA FL 32504-8910
Title	S	Title	D
Name	ANDREWS, TRACY	Name	LOVOY, JOE
Address	1000 COLLEGE BLVD	Address	1000 COLLEGE BLVD
City-State-Zip:	PENSACOLA FL 32504-8910	City-State-Zip:	PENSACOLA FL 32504-8910
Title	D	Title	D
Title Name	D HALE, SHEILA	Title Name	D CAMPBELL, DOUG
	-		-
Name	HALE, SHEILA 1000 COLLEGE BLVD	Name	CAMPBELL, DOUG
Name Address	HALE, SHEILA 1000 COLLEGE BLVD	Name Address	CAMPBELL, DOUG 1000 COLLEGE BLVD
Name Address City-State-Zip:	HALE, SHEILA 1000 COLLEGE BLVD PENSACOLA FL 32504-8910	Name Address City-State-Zip:	CAMPBELL, DOUG 1000 COLLEGE BLVD PENSACOLA FL 32504-8910
Name Address City-State-Zip: Title	HALE, SHEILA 1000 COLLEGE BLVD PENSACOLA FL 32504-8910 EXECUTIVE DIRECTOR	Name Address City-State-Zip: Title	CAMPBELL, DOUG 1000 COLLEGE BLVD PENSACOLA FL 32504-8910 TREASURER
Name Address City-State-Zip: Title Name Address	HALE, SHEILA 1000 COLLEGE BLVD PENSACOLA FL 32504-8910 EXECUTIVE DIRECTOR CESARETTI RAY, SANDRA	Name Address City-State-Zip: Title Name	CAMPBELL, DOUG 1000 COLLEGE BLVD PENSACOLA FL 32504-8910 TREASURER SHAUD, LAURA

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: SANDRA CESARETTI RAY

EXECUTIVE DIRECTOR 04/26/2016

Electronic Signature of Signing Officer/Director Detail

Date