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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # N06455 (2)
1. Corporation Name
OKALOOSA PUBLIC RADIO, INC.

Principal Place of Business: **857 HWY C4A
BAKER FL 32531
US**
Mailing Address: **P.O. BOX 187
BAKER FL 32531
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/04/1984** 3a. Date of Last Report: **03/02/1994**
4. FEI Number: **59-2773279** Applied For: Not Applicable:

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip Country **24** **25**
2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip Country **29** **30**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THOMPSON, EARL RAY
954 HWY C4-A
BAKER FL 32531**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THOMPSON, EARL R.
STREET ADDRESS	954 HWY C4-A
CITY - ST - ZIP	BAKER FL
TITLE	VD
NAME	TATE, MELODY A
STREET ADDRESS	5825 RENKE DR.
CITY - ST - ZIP	CRESTVIEW FL
TITLE	D
NAME	THOMPSON, JEFFREY E
STREET ADDRESS	6306 BEAVER BROOK COVE
CITY - ST - ZIP	BIRMINGHAM AL
TITLE	D
NAME	NELSON, PAULINE
STREET ADDRESS	RT 1, BOX 170
CITY - ST - ZIP	CRESTVIEW FL
TITLE	STD
NAME	THOMPSON, RUTH H.
STREET ADDRESS	954 HWY C4-A
CITY - ST - ZIP	BAKER FL
TITLE	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ruth H. Thompson* Sec. Treas. **4/8/95** (904) 537-4481
Date: _____
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR: **Ruth H. Thompson**