

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06455

FILED
Apr 24, 2007
Secretary of State

Entity Name: OKALOOSA PUBLIC RADIO, INC.

Current Principal Place of Business:

957 HWY C4-A
BAKER, FL 32531 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 189
BAKER, FL 32531 US

New Mailing Address:

FEI Number: 59-2773279 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMPSON, EARL RAY
954 HWY C4-A
BAKER, FL 32531 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: THOMPSON, EARL R.,
Address: 954 HWY C4-A
City-St-Zip: BAKER, FL 32531 US

Title: VD () Delete
Name: BOLTON, MELODY A.
Address: 803 MELTON RD
City-St-Zip: BAKER, FL 32531 US

Title: D () Delete
Name: THOMPSON, JEFFREY E
Address: 954 HWY C4-A
City-St-Zip: BAKER, FL 32531 US

Title: D () Delete
Name: NELSON, PAULINE,
Address: RT 1, BOX 170
City-St-Zip: CRESTVIEW, FL 32536 US

Title: STD () Delete
Name: THOMPSON, RUTH H.,
Address: 954 HWY C4-A
City-St-Zip: BAKER, FL 32531 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HICKS, COLIN R
Address: 3541 HWY 29 NORTH
City-St-Zip: CANTONMENT, FL 32533 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: EARL RAY THOMPSON

PD

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date