

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business: **957 HWY C4-A BAKER FL 32531 US**
Mailing Address: **P.O. BOX 187 BAKER FL 32531 US**

3. Date Incorporated or Qualified: **12/04/1984**
3a. Date of Last Report: **04/18/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4	4. FEI Number	Applied For
	Suite, Apt. #, etc.	26	P.O. Box 189		59-2773279	Not Applicable
22	City & State	27	Suite, Apt. #, etc.	5	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Zip	8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Country	30	Country			

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, EARL R.	1.2 NAME	
STREET ADDRESS	954 HWY C4-A	1.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TATE, MELODY A	2.2 NAME	
STREET ADDRESS	5825 REINKE DR.	2.3 STREET ADDRESS	803 Melton Rd.
CITY-ST-ZIP	CRESTVIEW FL	2.4 CITY-ST-ZIP	Baker, FL 32531
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, JEFFREY E	3.2 NAME	
STREET ADDRESS	6306 BEAVER BROOK COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, PAULINE	4.2 NAME	
STREET ADDRESS	RT 1, BOX 170	4.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL	4.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, RUTH H.	5.2 NAME	
STREET ADDRESS	954 HWY C4-A	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAKER FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Earl R. Thompson* **STD** **3/5/96** **(904) 537-4481**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)