NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 22, 1999 8:00 am § Secretary of State

03-22-1999 90079 010 ****61.25

DOCUMENT # N06455 1. Corporation Name						,			
OKALO(DSA PUBLIC RADIO, INC.	,							
Principal Plac	e of Business	Mailing Address							
957 HWY C4-/	١	PO BOX 189	O BOX 189) PUR BIAN BI		AIRIK OKOKI (BRI
BAKER FL 32531 BAKER FL 32531									<i>ii</i>
US	•	US				(1816)() 011 02110 21111 1653; 3111	!! # }} ! # }	IT MARAN RIMIY I	TYBU BIBIK IBBI
2. Principal P	lace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed 12/04/1984			
21	4	26				4. FEI Number			pplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				59-2773279			lot Applicable
22		27 Ch. 8 State				39 2110219			Additional
City & Stat		City & State				5. Certificate of Status Desired	1 2		Required
Zip	Country	Zip	Cour	ntry		6. Election Campaign Financing			May Be
24	25	29	30			Trust Fund Contribution			I to Fees
	9. Name and Address of Curre	ent Registered Agent		1		10. Name and Address of New R	legistered i	Agent	
				81	Name				
THOMPSON, EARL RAY				82	Street Addr	ress (P.O. Box Number is Not Accepta	ible)		
954 HWY C4-A				_					
BAKER FL 32531				83					
			}	84	City		FI	85 Zip	Code
11. Pursuant office or ragent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig	i02 and 617.1508, Florida Statute e of Florida. Such change was at ations of, Section 617.0503, Flor	es, the ab uthorized rida Statu	by tes.	-named corp the corporation	poration submits this statement for the on's board of directors. I hereby accept	purpose of t the appoin	changing it itment as re	s registered egistered
SIGNATURE									
	Signature, typed or printed name of registered ag			Agent	t signature require	d when reinstating) ADDITIONS/CHANGES TO OF	DATE	DIRECT	ORS IN 12
12.		ND DIRECTORS	13.	-		ADDITIONS/CHANGES TO OF	TOLING AIN	Change	
TITLE	PD	☐ DETE!¢						Onlango	
NAME	THOMPSON, EARL R.		1.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP	BAKER FL		_	1.4 CITY-ST-ZIP				☐ Change	Addition
TITLE	VD DELETE			2.1 TITLE				□ Cuange	[] Apollon
NAME	BOLTON, MELODY A.		2.2 NA	-	1				
STREET ADDRESS	803 MELTON RD	• • •	2.3 STI	REET	ADDRESS	~ .			
CITY-ST-ZIP	BAKER FL			2. 4 CITY-ST-ZIP					
TILE	D DELETE			3.1 TITLE				Change	☐ Addition
NAME	THOMPSON, JEFFREY E		3.2 NA	3.2 NAME					
STREET ADDRESS	954 HWY C4-A		3.3 STI	3.3 STREET ADDRESS					
CITY-ST-ZIP	BAKER FL		3.4. CT	TY-5	T-ZIP				
TITLE	D	☐ DELETE	4.1 TIT	LE				Change	Addition
NAME	NELSON, PAULINE		4. 2 NA	ME					ļ
STREET ADDRESS			4.3 ST	ŒĔĨ	ADDRESS				
CITY-ST-ZIP	CRESTVIEW FL		4.4 CIT	Y-ST	r-ZIP				
TIT: 6	CTD	□ nei ete	C 1 TIT	1.5				Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE

NAME

πιε

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

THOMPSON, RUTH H.

954 HWY C4-A

BAKER FL

☐ DELETE

Change

Addition