

Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number:0000175388Submit Date:2021-12-01FRN:0017011164Purpose:Noncommercial Broadcast Stations Biennial Ownership ReportStatus:Status:Status Date:12/01/2021Filing Status:Active

Section I - General Information

1. Respondent

Entity Name

0017011164	Our Lady of Guadalupe Radio, Inc., dba Annunciation Radio
0017011164	Our Lady of Guadalupe Radio, Inc., dba Annunciation Radio

Street Address	City (and Country if non U. S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
PO Box 140384	Toledo	ОН	43614	+1 (419) 280-1091	Dave@AnnunciationRadio. com

2. Contact Representative

Name	Organization
Stuart W. Nolan, Jr.	LegalWorks Apostolate, PLLC

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4 Family Life Lane	Front Royal	VA	22630	+1 (540) 622- 8070	Nolan@LegalWorks. com

Not Applicable

FRN

3. Application Filing Fee

4. Control of Respondent

(a) Provide the following information about the Respondent:			
Relationship to stations/permits	stations/permits Licensee		
Is the Respondent's governing board (or other governing entity) directly or No indirectly under the control of another entity?			
(b) Provide the following information about this report:			
Purpose Biennial			
"As of" date 10/01/2021			
		When filing a biennial	ownership report or validating

filed.

and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is

Licensee/Permittee Nam	Licensee/Permittee Name FRN				
Our Lady of Guadalupe Radio, Inc., dba Annunciation Radio 0017011164					
Fac. ID No.	Call Sign	City	State	Service	
92877	WFOT	LEXINGTON	ОН	FM	
137442	WSHB	WILLARD	ОН	FM	
170000					

137442		WILLARD	ОП	L INI
172338	WHRQ	SANDUSKY	ОН	FM
175485	WRRO	EDON	ОН	FM
176349	WNOC	BOWLING GREEN	ОН	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee Respondents should select "Not Applicable" in response to this question.

Document Information		
Description of contract or instrument	Articles of Incorporation	
Parties to contract or instrument	State of Ohio	
Date of execution	07/2006	
Date of expiration	No expiration date	
Agreement type (check all that apply)	Other Agreement Type: governing document	

Document Information

Description of contract or instrument	Bylaws
Parties to contract or instrument	OUR LADY OF GUADALUPE RADIO, INC. DBA ANNUNCIATION RADIO
Date of execution	07/2006
Date of expiration	No expiration date
Agreement type (check all that apply)	Other Agreement Type: governing document

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0017011164	0017011164		
Entity Name	Our Lady of Guadalupe Radio	o, Inc., dba Annunciation Radio		
Address	PO Box 140384			
	Street 1			
	Street 2			
	City	Toledo		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	43614		
	Country (if non-U.S. address)	United States		
Listing Type	Respondent			
Positional Interests (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages	Voting	0.0%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report? No				

Ownership Information		
FRN	9990132646	
Name	Mary Ellen Harris	
Address	PO Box	
	Street 1	3417 Gallatin Road
	Street 2	
	City	Ottowa Hills
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	43605
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Social Worker, Teacher, Retir	Social Worker, Teacher, Retired		
By Whom Appointed or Elected	Members of the Board	Members of the Board		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Female		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No				

that do not appear on this report?

N

Ownership Information

FRN	9990132649	
Name	Mur Bookmiller	
Address	PO Box	
	Street 1	6119 Deepwood Drive
	Street 2	
	City	Sylvania
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code	43560
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Development Executive	
By Whom Appointed or Elected	Members of the Board	
Citizenship, Gender,	Citizenship	US
Ethnicity, and Race Information (Natural	Gender	Male
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White

Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations			No

that do not appear on this report?

Ownership Information			
FRN	9990132654		
Name	Shane Stanfield		
Address	PO Box		
	Street 1	7152 Whispering Oak Dr	
	Street 2		
	City	Sylvania	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	43560	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	ATandT Communications Management		
By Whom Appointed or Elected	Members of the Board		
Citizenship, Gender,	Citizenship US		
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
Race White			
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
Total assets (Equity Debt0.0%Plus)			

that do not appear on this report?

Ownership Information FRN 9990148436 Name Rob Fawcett Address PO Box Street 1 6462 Old State Route 224

	Street 2		
	City	Ottawa	
	State ("NA" if non-U.S. address)	ОН	
	Zip/Postal Code	45875	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Other - PresidentMember of Governing Board (or other governing entity)		
Principal Profession or Occupation	Insurance CEO, Owner		
By Whom Appointed or Elected	Board of Directors		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Male	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages	Voting	14.3%	
(enter percentage values from 0.0 to 100.0)	Equity	0.0%	
	Total assets (Equity Debt	0.0%	

Ownership Information

FRN	9990148437	
Name	Phil Hohler	
Address	PO Box	
	Street 1	3908 Jane Ave
	Street 2	
	City Huron	
	State ("NA" if non-U.S. address)	ОН
	Zip/Postal Code 44839	
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - TreasurerMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Banking Executive	

By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

Ownership Information		
FRN	9990148440	
Name	Judy Wamtz	
Address	PO Box	
	Street 1	6969 Southpine Ct
	Street 2	
	City Maumee State ("NA" if non-U.S. address) OH	
	Zip/Postal Code	43537
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Other - SecretaryMember of Governing Board (or other governing entity)	
Principal Profession or Occupation	Homemaker	
By Whom Appointed or Elected	Board of Directors	
Citizenship, Gender,	Citizenship US	
Ethnicity, and Race Information (Natural	Gender	Female
Persons Only)	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages	Voting	14.3%
(enter percentage values from 0.0 to 100.0)	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%

that do not appear on this report?

FRN Name Address	9990148441 Jim Peniston PO Box Street 1			
	РО Вох			
Address				
	Street 1		PO Box	
		6644 Sue Lane		
	Street 2			
	City	Maumee		
	State ("NA" if non-U.S. address)	ОН		
	Zip/Postal Code	43537		
	Country (if non-U.S. address)	United States		
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Officer, Other - Vice PresidentMember of Governing Board (or other governing entity)			
Principal Profession or Occupation	Development Executive, Retired			
By Whom Appointed or Elected	Board of Directors			
Citizenship, Gender, Citizenship US				
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	White		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have ar that do not appear on this re	n attributable interest in one o port?	r more broadcast stations	No	

(b) Respondent certifies that any interests, including equity, financial, or voting	Yes
interests, not reported in this filing are non-attributable.	
If "No," submit as an exhibit an explanation.	

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?	No
If " <u>Yes</u> ," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

Non-Licensee Respondents should select "N/A" in response to this question.

Licensee has no parent entity.

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSEOR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	
Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: General Manager Exact Legal Title or Name of Respondent: Our Lady of Guadalupe Radio, Inc., dba Annunciation Radio Name: Dave Vacheresse Phone: 4192800191 12/01/2021