



(REFERENCE COPY - Not for submission)

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

File Number: 0000042052 | Submit Date: 2018-02-13 | FRN: 0001801588

Purpose: Noncommercial Broadcast Stations Biennial Ownership Report | Status: Received | Status Date: 02/13/2018

Filing Status: Active

Section I - General Information

1. Respondent

FRN		Entity Name			
0001801588		CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.			

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1065 RAINER DRIVE	ALTAMONTE SPRINGS	FL	32714-3847	+1 (407) 869-8000	GM@ZRADIO.ORG

2. Contact Representative

Name		Organization			
Davina S. Sashkin, Esq.		Fletcher, Heald & Hildreth, PLC			

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
1300 N. 17th St Suite 1100	Arlington	VA	22209	+1 (703) 812-0458	sashkin@fhhlaw.com

3. Application Filing Fee

Not Applicable

4. Control of Respondent

(a) Provide the following information about the Respondent:

Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2017  When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN
CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.	0001801588

Fac. ID No.	Call Sign	City	State	Service
9876	WPOZ	ORLANDO	FL	FM
27291	WMYZ	CLERMONT	FL	FM
92508	WHYZ	PALM COAST	FL	FM
176311	WDOZ	PIERSON	FL	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	THIRD AMENDED AND RESTATED ARTICLES OF INCORPORATION
Parties to contract or instrument	STATE OF FLORIDA
Date of execution	08/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> THIRD AMENDED AND RESTATED ARTICLES OF INCORPORATION

Document Information	
Description of contract or instrument	AMENDED AND RESTATED BY-LAWS
Parties to contract or instrument	CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.
Date of execution	06/2015
Date of expiration	No expiration date
Agreement type (check all that apply)	Other <b>Agreement Type:</b> AMENDED AND RESTATED BY-LAWS

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	0001801588	
Entity Name	CENTRAL FLORIDA EDUCATIONAL FOUNDATION, INC.	
Address	PO Box	
	Street 1	1065 RAINER DRIVE
	Street 2	
	City	ALTAMONTE SPRINGS
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32714-3847
	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 nation or Tribal entity	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

Ownership Information		
FRN	0009932328	
Name	James S. Hoge	
Address	PO Box	
	Street 1	443 TIMBER RIDGE DR.
	Street 2	
	City	LONGWOOD
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32779
	Country (if non-U.S. address)	United States

Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	MANAGER		
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	33.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information			
FRN	0027237650		
Name	Dean Chapman		
Address	PO Box		
	Street 1	119 EAST WYNDHAM COURT	
	Street 2		
	City	LONGWOOD	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32779	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	BROADCASTER		
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	

<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	33.3%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>			
<b>FRN</b>	0027237676		
<b>Name</b>	Dwight Bain		
<b>Address</b>	<b>PO Box</b>		
	<b>Street 1</b>	2150 GREYSTONE TRAIL	
	<b>Street 2</b>		
	<b>City</b>	ORLANDO	
	<b>State ("NA" if non-U.S. address)</b>	FL	
	<b>Zip/Postal Code</b>	32818	
	<b>Country (if non-U.S. address)</b>	United States	
<b>Listing Type</b>	Other Interest Holder		
<b>Positional Interests</b> (check all that apply)	Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	LICENSED COUNSELOR		
<b>By Whom Appointed or Elected</b>	BOARD OF DIRECTORS		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	33.3%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>		
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>			No

<b>Ownership Information</b>		
<b>FRN</b>	0027237692	
<b>Name</b>	Judy L. Wise	
<b>Address</b>	<b>PO Box</b>	

	Street 1	30014 WILLOW TRACE	
	Street 2		
	City	MOUNT DORA	
	State ("NA" if non-U.S. address)	FL	
	Zip/Postal Code	32757	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer		
Principal Profession or Occupation	HUMAN RESOURCES AND OFFICE MANAGER		
By Whom Appointed or Elected	BOARD OF DIRECTORS		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Female	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)		
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	0027237718	
Name	Cathy Ligato	
Address	PO Box	
	Street 1	586 BRANTLEY TERRACE WAY
	Street 2	#300
	City	ALTAMONTE SPRINGS
	State ("NA" if non-U.S. address)	FL
	Zip/Postal Code	32714
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer	

Principal Profession or Occupation	ADMINISTRATIVE ASSISTANT	
By Whom Appointed or Elected	BOARD OF DIRECTORS	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%
	Equity	0.0%
	Total assets (Equity Debt Plus)	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No

(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.	Yes
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(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  If "Yes," 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.	No
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3. Organizational Chart (Licensees Only)

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 or subsidiary entities.

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 LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	

<b>Certification</b>	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: <b>President</b> Exact Legal Title or Name of Respondent: <b>Central Florida Educational Foundation, Inc.</b> Name: <b>James S. Hoge</b> Phone: <b>4078698000</b>  02/13/2018
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