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

File Number: 0000185646 Submit Date: 2022-03-01 FRN: 0019612407 Purpose: Noncommercial Broadcast Stations Biennial Ownership Report Status Date: 03/01/2022 Status: Received Filing Status: Active

Section I - General Information

AL

1. Respondent

Entity Name

0019612407		Anniston Seve	nth-day Adventist Church			
Street Address	City (and Count address)	ry if non U.S.	State ("NA" if non-U.S. address)	Zip Code	Phone	Email

36202

+1 (256) 775-

4323

~	Control	

2. Contact Representative

Name	Organization
Donald Martin	Donald E Martin, P.C.

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
P.O. Box 8433	Falls Church	VA	22041	+1 (703) 642-2344	dempc@prodigy.net

3. Application **Filing Fee**

Not Applicable

FRN

P.O. Box

1774

Anniston

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

Licensee/Permittee Name FRN					
Anniston Seventh-day Adventist Church 0019612407					
Fac. ID No.	Call Sign	City	State	Service	
184996	WRHP	ANNISTON	AL	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	Management Agreement			
Parties to contract or instrument	Elijah Radio, Inc.			
Date of execution	03/2017			
Date of expiration	03/2022			
Agreement type (check all that apply)	Other Agreement Type: Time Brokerage/Management Agreement			

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	0019612407		
Entity Name	Anniston Seventh-day Adventis	st Church	
Address	PO Box		
	Street 1	P.O. Box 1774	
	Street 2		
	City	Anniston	

	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	36202		
	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	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 that do not appear on this	an attributable interest in one c report?	or more broadcast stations	No	

FRN	9990136809		
Name	Karl Doerner		
Address	PO Box		
	Street 1	115 Willingham Drive	
	Street 2		
	City	Anniston	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36201	
	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	Retired	Retired	
By Whom Appointed or Elected	Members		
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 an	attributable interest in one or	more broadcast stations	No

that do not appear on this report?

Ownership Information			
FRN	9990136810		
Name	Diane Porter		
Address	PO Box	X	
	Street 1	4500 Sprague Avenue	
	Street 2	No. 77	
	City	Anniston	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36206	
	Country (if non-U.S. United States 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	Retired		
By Whom Appointed or Elected	Members		
Citizenship, Gender,	Citizenship	US	
Ethnicity, and Race Information (Natural	Gender	Female	
Persons Only)	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values	Voting	14.3%	
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 9990149491 Name Charles Sowell Address PO Box Street 1 491 Apple Blossom Way

	Street 2		
	City	Oxford	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36203	
	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	Retired		
By Whom Appointed or Elected	Members		
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 an attributable interest in one or more broadcast stations No that do not appear on this report?		

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FRN	9990149492	
Name	Janie Sowell	
Address	PO Box	
	Street 1	491 Apple Blossom Way
	Street 2	
	City Oxford	
	State ("NA" if non-U.S. AL address) AL	
	Zip/Postal Code 36203	
	Country (if non-U.S. United States 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	Retired		
By Whom Appointed or Elected	Members		
Citizenship, Gender,			
Ethnicity, and Race Information (Natural Persons Only)	Gender	Female	
	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

Ownership Information

that do not appear on this report?

Ownership Information			
FRN	9990149493		
Name	Laszlo Pinter		
Address	PO Box		
	Street 1	2107 Alabama Highway 204	
	Street 2		
	City	Wellington	
	State ("NA" if non-U.S. address)	AL	
	Zip/Postal Code	36279	
	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	Retired		
By Whom Appointed or Elected	Members		
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%		
nolder have an attributable interest in one or more broadcast stations		No		

that do not appear on this report?

Does interest

Ownership Information				
FRN	9990149494	9990149494		
Name	Boyd Hill			
Address	PO Box			
	Street 1	316 East 28th St.		
	Street 2			
	City	Anniston		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	36207		
	Country (if non-U.S. United States address) Image: Country (if non-U.S.)			
Listing Type	Other Interest Holder			
Positional Interests (check all that apply)	Member of Governing Board (or other governing entity)			
Principal Profession or Occupation	Retired			
By Whom Appointed or Elected	Members	Members		
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
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 a that do not appear on this	an attributable interest in one o	or more broadcast stations	No	

Ownership Information			
FRN	9990149495		
Name	Jerome Mercer		
Address	PO Box		
	Street 1	715 Mundy Drive	
	Street 2		

	City	Anniston		
	State ("NA" if non-U.S. address)	AL		
	Zip/Postal Code	36207		
	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	Utility worker	Utility worker		
By Whom Appointed or Elected	Members			
Citizenship, Gender,	Citizenship	US		
Ethnicity, and Race Information (Natural	Gender	Male		
Persons Only)	Ethnicity	Not Hispanic or Latino		
	Race	Black or African American		
Interest Percentages	Voting	14.3%		
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
Total assets (Equity Debt0.0%Plus)		0.0%		
Does interest holder have that do not appear on this	an attributable interest in one o report?	r more broadcast stations	No	
., .	at any interests, including equi his filing are non-attributable. an explanation.	ty, financial, or voting	Yes	

(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.	

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.

Respondent is a local Seventh-day Adventist Church

Section III - Certification

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: Board Member Exact Legal Title or Name of Respondent: Anniston Seventh-day Adventist Church Name: Karl Doerner Phone: 2567754323 03/01/2022