

Broadcast Equal Employment Opportunity Program Report

Licensee Name, Type and Contact Information

 FRN:
 0005815832
 File Number:
 0000082675
 Submit Date:
 09/30/2019
 Call Sign:
 WXZC
 Facility ID:
 71585
 City:

 INGLIS
 State:
 FL
 State:
 Full Power FM
 Purpose:
 EEO Report
 Status:
 Received
 Status:
 09/30/2019
 Filing Status:
 Active

General Information	Section	Question	Response
	Application Description	Description of the application (255 characters max.) is visible only to you and is not part of the submitted application. It will be displayed in your Applications workspace.	WXZC 2019 License Renew Form396
	Attachments	Are attachments (other than associated schedules) being filed with this application?	No

Licensee Information

Applicant	Address	Phone	Email	Applicant Type
CITRUS COUNTY ASSOCIATION FOR	ATTN: MELISSA	+1 (352)	kcenter@TAMPABAY.	NFP
RETARDED CITIZENS, INC	WALKER	400-6402	RR.COM	
	5399 W. GULF TO			
	LAKE HIGHWAY			
	LECANTO, FL 34461			
	United States			

Contact Representatives	Contact Name	Address		Phone	Email			Contact Type
	WILLIAM T. Godfrey , Jr. KESSLER AND GEHMAN ASSOCIATES, INC.	N ASSOCIA 507 NW (SUITE C	/ILLE, FL 32607	+1 (352) 332-3157	BILL@KE	SSLERAN	NDGEHMAN.	Technical Representative
	JERROLD MILLER , Esq MILLER AND NEELY PC	3750 Uni	versity Blvd., West on, MD 20895	+1 (301) 933-6304	JOHNSNE	ELY@Y/	AHOO.COM	Legal Representative
	Facility Identifier	Call Sign	City		State	Timo B	rokerage Agr	roomont
Common Stations		WXZC	INGLIS		FL	Yes	iokelage Agi	cement
		WYKE-CD	INGLIS/YANKEE	TOWN	FL	No		
Program Report Questions	Section	Questio	n				Response	
	Discrimination Complain	this lice	ny pending or resolv nse term before any ion under federal, st unlawful discrimina	body having ate, territorial	competent or local law,	C	No	

of the station(s)?

	Full-time Employees	Does your station employment unit employ fewer than five full-time employees? Consider as "full-time" employees all those permanently working 30 or more hours a week?	Yes			
Certification	Question	Question				
	trustee, authorized employe on behalf of the party filing the F.R. Section 1.23(a), who is or she has read the docume	The undersigned certifies that he or she is (a) the party filing the report, or an officer, director, member, partner, trustee, authorized employee, or other individual or duly elected or appointed official who is authorized to sign on behalf of the party filing the report; or (b) an attorney qualified to practice before the Commission under 47 C. F.R. Section 1.23(a), who is authorized to represent the party filing the report, and who further certifies that he or she has read the document; that to the best of his or her knowledge, information, and belief there is good ground to support it; and that it is not interposed for delay				
	Certified Date		09/30 /2019			
	Certified Title					
	Authorized Party Name		Melissa Walker			

Attachments

No Attachments.