

Federal Communications Commission Washington, D.C. 20554  <p style="text-align: center;"><b>FCC 323-E</b></p>	Approved by OMB 3060-0084 (June 2002)	FOR FCC USE ONLY
<p><b>Ownership Report For Noncommercial Educational Broadcast Station</b></p> <p>Read <a href="#">INSTRUCTIONS</a> Before Filling Out Form</p>		FOR COMMISSION USE ONLY FILE NO. <b>BON - 20100129AAT</b>

**Section I - General**

1.	Legal Name of the Licensee/Permittee MT. ST. FRANCIS HERMITAGE INC.		
	Mailing Address 120 EDSON RD. P.O. BOX 236		
	City MAINE	State or Country (if foreign address) NY	ZIP Code 13802 -
	Telephone Number (include area code) 6077540001		E-Mail Address (if available) FFIMaine@FAMILINK.COM
	FCC Registration Number: 0016808651	Call Sign NEW	Facility ID Number 172325
2.	Contact Representative (if other than Licensee/Permittee) STUART W. NOLAN, JR., ESQ.		
	Firm or Company Name WOOD MAINES & NOLAN, PC		
	Telephone Number (include area code) 7034652361		E-Mail Address (if available) NOLAN@LEGALCOMPASS.COM
3.	Name of entity, if other than licensee or permittee, for which report is filed		
	Mailing Address		
	City	State or Country (if foreign address)	ZIP Code -
	Telephone Number (include area code)		E-Mail Address (if available)

Menu

**Section II - Ownership Information**

4.	<p>All of the information furnished in this Report is accurate as of 1/25/2010 (<i>Date must comply with 47 C.F.R. Section 73.3615(d), i.e., information must be current within 60 days of filing of this report, when 4(a) below is checked.</i>)</p> <p>This Report is filed for (<i>check one</i>)</p> <p>a. <input type="radio"/> Biennial                      b. <input type="radio"/> Transfer of Control or Assignment of License/Permit                      c. <input checked="" type="radio"/> Other</p> <p>d. <input type="radio"/> Amendment to pending application</p> <p>for the following stations:</p> <p><input type="text" value="Enter Station Information"/></p>
5.	<p>List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises <u>de facto</u> control over the subject licensee or permittee shall respond.)</p> <p><input type="text" value="Enter Contract/Instrument Information"/></p>
6.	<p>Is the governing board directly or indirectly under the control of another entity?                      <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If Yes, is a separate FCC Form 323-E submitted for such entity?                      <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
7.	<p>List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages, if necessary.</p> <p><input type="text" value="Enter Owner Information"/></p>

## Station List

This Report is filed for the following stations:

Call Letters	Facility ID Number	Location (City/State)	Class of service
WHVM	172325	OWEGO NY	FM

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[Previous](#)[Menu](#)

### Contracts/Instruments Information

List all contracts and other instruments required to be filed by 47 C.F.R. Section 73.3613. (Only licensees, permittees, or a reporting entity with a majority interest in or that otherwise exercises de facto control over the subject shall respond.)

Description of Contract or Instrument	Name of person or organization with whom contract is made	Date of Execution	Date of Expiration
CERTIFICATE OF INCORPORATION	STATE OF NEW YORK	3/4/1998	

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[Previous](#)[Menu](#)

### Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

**(Read carefully - The numbered items below refer to line numbers in the following table.)**

- a. Name and address of officer, member of governing board, and holders of 1% or more ownership interest (if other than individual also show name, address and citizenship of natural person authorized to vote the interest). List officers first, then board members, and thereafter, holders of 1% or more ownership interest, if any.
- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	REV. JOHANNES SMITH 120 EDSON RD ENDICOTT NY 13760
b. Citizenship.	US
c. Office held.	PRESIDENT, DIRECTOR
d. Percent of interest held.	33.3
e. Principal profession or occupation.	FATHER GUARDIAN
f. By whom appointed or elected.	BOARD OF DIRECTORS
g. Existing interests	N/A

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[See copy 2](#) [See copy 3](#)

[Previous](#) [Menu](#)

### Owner Information

List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

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- b. Citizenship.
- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	COURTNEY CLARK 182 DIMMOCK HILL ROAD BINGHAMTON, NY 13905
b. Citizenship.	US
c. Office held.	VICE PRESIDENT, DIRECTOR
d. Percent of interest held.	33.3
e. Principal profession or occupation.	AVIATION MACHINIST
f. By whom appointed or elected.	BOARD OF DIRECTORS
g. Existing interests	N/A

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See copy 1

See copy 3

Previous

Menu

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List officers, members of governing board, and holders of 1% or more ownership interest, if any. Use one column for each individual or entity. Attach supplemental pages if necessary.

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- c. Office held.
- d. Percent of interest held.
- e. Principal profession or occupation.
- f. By whom appointed or elected.
- g. Existing interests in any other broadcast station, including the nature and size of such interests.

a. Name and Address.	MICHAEL COFFEE 124 NORTH FORKE ADVANCE, NC 27006
b. Citizenship.	US
c. Office held.	SECRETARY, TREASURER, DIRECTOR
d. Percent of interest held.	33.3
e. Principal profession or occupation.	RETIRED
f. By whom appointed or elected.	BOARD OF DIRECTORS
g. Existing interests	N/A

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See copy 1

See copy 2

Previous

Menu

**SECTION III - CERTIFICATION**

I certify that I am FATHER GUARDIAN

(Official Title)

of MT. ST. FRANCIS HERMITAGE INC.

(Exact legal title or name of respondent)

and 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.

(Date of certification must be within 60 days of the date shown in Question 4, Section II and in no event prior to that date.)

Signature REV. JOHANNES MICHAEL MARY SMITH	Date 1/25/2010
Telephone Number of Respondent (Include area code) 6077540001	

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).

Menu