

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731293 (7)

1. Corporation Name
CHARLOTTE AMATEUR RADIO SOCIETY, INC.



Principal Place of Business: **P O BOX 415 PUNTA GORDA FL 33951**
Mailing Address: **P O BOX 415 PUNTA GORDA FL 33951**

3. Date Incorporated or Qualified: **12/03/1974**
3a. Date of Last Report: **02/22/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	25	65-0355578	<input type="checkbox"/> Applied For
Surte, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	24	25
24	25	29	30

9. Name and Address of Current Registered Agent

**HOETTELS, WALTER F
250 DELIDO COURT
PUNTA GORDA FLORIDA FL 33950**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P JOHNSON, GUICE W.	1.2 NAME	S DON MORSE
STREET ADDRESS	150 CRESCENT DR.	1.3 STREET ADDRESS	25194 AVSEN DR.
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP OLIPHANT, MARK	2.2 NAME	T JOHN D. HIGGETT
STREET ADDRESS	2813 CHAPMAN BLVD	2.3 STREET ADDRESS	2005 SPRING LAKE BLVD.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33957
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S ZWEIG, REINHOLD J.	3.2 NAME	D. WYATT MCDANIEL
STREET ADDRESS	4080 HARBOR BLVD	3.3 STREET ADDRESS	351 CAPRI ISLES CT.
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KURTZ, LARRY	4.2 NAME	
STREET ADDRESS	2240 BAYVIEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D ZABORONAK, AL	5.2 NAME	
STREET ADDRESS	353 CASALE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D WEATHERLY, ROGER	6.2 NAME	
STREET ADDRESS	1447 SEA FAN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Higgett **JOHN D. HIGGETT** 2/16/96 941-624-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Phone #
TREAS.

CR2E037 (12/95)