

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 07 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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 33951-0415 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/03/1974 | 3a. Date of Last Report 02/21/1996 |
| 4. FEI Number 65-0355578 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|---|----------------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt #, etc. 22 | Suite, Apt #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 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 SAME |
| 82 Street Address (P.O. Box Number is Not Acceptable) 28033 WESTCHESTER BLVD APT F-207 |
| 83 |
| 84 City PORT CHARLOTTE |
| 85 Zip Code FL 33980 |

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

| | |
|----------------|--|
| TITLE | P <input type="checkbox"/> DELETE |
| NAME | JOHNSON, GUICE W. |
| STREET ADDRESS | 150 CRESCENT DR. |
| CITY-ST-ZIP | PUNTA GORDA FL |
| TITLE | VP <input checked="" type="checkbox"/> DELETE |
| NAME | OLIPHANT, MARK |
| STREET ADDRESS | 2813 CHAPMAN BLVD |
| CITY-ST-ZIP | PUNTA GORDA FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MCDANIEL, WYATT |
| STREET ADDRESS | 351 CAPRI ISLES COURT |
| CITY-ST-ZIP | PUNTA GORDA FL |
| TITLE | T <input type="checkbox"/> DELETE |
| NAME | LIGGETT, JOHN D |
| STREET ADDRESS | 250 SPRING LAKE BLVD |
| CITY-ST-ZIP | PORT CHARLOTTE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | ZABORNAK, AL |
| STREET ADDRESS | 353 CASALE ST |
| CITY-ST-ZIP | PORT CHARLOTTE FL |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | WEATHERLY, ROGER |
| STREET ADDRESS | 1447 SEA FAN DR |
| CITY-ST-ZIP | PUNTA GORDA FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | JOHNSON GUICE W. |
| 1.3 STREET ADDRESS | 150 CRESENT DR |
| 1.4 CITY-ST-ZIP | PUNTA GORDA FL |
| 2.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | ZWEIG REINHOLD |
| 2.3 STREET ADDRESS | 4080 HARBOR BLVD |
| 2.4 CITY-ST-ZIP | PORT CHARLOTTE FL 33954 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | ZABORNAK AL |
| 5.3 STREET ADDRESS | 353 CASALE ST |
| 5.4 CITY-ST-ZIP | PORT CHARLOTTE FL 33983 |
| 6.1 TITLE | VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | WEATHERLY ROGER |
| 6.3 STREET ADDRESS | 1447 SEA FAN DR |
| 6.4 CITY-ST-ZIP | PUNTA GORDA FL 33950 |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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. Liggett 1-10-97 941-624-0380
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067636

CR2E037 (9/96)