

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731293

FILED
Feb 01, 2012
Secretary of State

Entity Name: CHARLOTTE AMATEUR RADIO SOCIETY, INC.

Current Principal Place of Business:

1447 SEA FAN DRIVE
PUNTA GORDA, FL 339489449 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 510415
PUNTA GORDA, FL 339510415 US

New Mailing Address:

FEI Number: 65-0355578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROMANOSKY, ALBERT J SECRETA
10391 CIRCLE PINE ROAD
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: WEATHERLY, ROGER
Address: 1447 SEA FAN DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: D
Name: LAZAR, DENNIS
Address: 227 STEBBINS TER SE
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: T
Name: JOHNSON, KEN D
Address: 2049 MATECUMBE KEY
City-St-Zip: PUNTA GORDA, FL 33955 US

Title: S
Name: ROMANOSKY, ALBERT J S
Address: 10391 CIRCLE PINE ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: D
Name: MCDANIEL, WYATT
Address: 351 CAPRI ISLES COURT
City-St-Zip: PUNTA GORDA, FL 339506403 US

Title: D
Name: KLIMENT, JOSEPH
Address: 1429 CASEY KEY DRIVE
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ALBERT J. ROMANOSKY

SECR

02/01/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date