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FILED

Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763051 (0)

1. Corporation Name

FORT MYERS AMATEUR RADIO CLUB, INC.



Principal Place of Business

3667 KELLY ST
P O BOX 061183 (ZIP: 33906)
FT MYERS FL 33901

Mailing Address

P.O. BOX 061183
FT MYERS FL 33906-11833. Date Incorporated or Qualified
04/29/19823a. Date of Last Report
01/31/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

59-2234574

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAMMONS, G E
3667 KELLY ST
FT MYERS FL 33901

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DEIBERT, LEN
STREET ADDRESS 139 SHAW BLVD MORSE SH.
CITY-ST-ZIP FT. MYERS FL ☐ DELETETITLE TD
NAME SAMMONS, COLLEEN
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FT MYERS FL ☐ DELETETITLE D
NAME DEUTSCHER, JEROME
STREET ADDRESS 802 EAST LINOR WAY
CITY-ST-ZIP SANIBEL FL ☒ DELETETITLE SD
NAME SAMMONS, G.E.
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FT MYERS FL ☐ DELETETITLE D
NAME NICCUM, JAMES
STREET ADDRESS 4408 NORTH ATLANTIC CIRCLE
CITY-ST-ZIP NORTH FT. MYERS FL ☐ DELETETITLE VD
NAME HELMERS, KEN
STREET ADDRESS 11353 FLINT LANE
CITY-ST-ZIP BOKEELIA FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME DEIBERT, LEN
1.3 STREET ADDRESS 139 SHAW BLVD MORSE SH.
1.4 CITY-ST-ZIP FT MYERS, FL 339052.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME SAMMONS, COLLEEN
2.3 STREET ADDRESS 3667 KELLY ST
2.4 CITY-ST-ZIP FT. MYERS, FL 339013.1 TITLE D ☐ Change ☒ Addition
3.2 NAME LUNDGREN, GUNNARD
3.3 STREET ADDRESS P.O. BOX 564, 8668 PEPPEWOOD DR.
3.4 CITY-ST-ZIP ESTERO, FL 339284.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME SAMMONS, G.E.
4.3 STREET ADDRESS 3667 KELLY ST
4.4 CITY-ST-ZIP FT. MYERS, FL 339015.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 339036.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 33922

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 amendment with an address.

SIGNATURE: *G. E. Sammons* 2/18/97 936-1431

CR2E037 (9/96)