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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name

(0)

FORT MYERS AMATEUR RADIO CLUB, INC.

Principal Plac	e of Business	Mailing A	ddress			
3667 KELLY ST	•	P.O. BOX	061183			2 Pate Incorporated as Overlifted
P O BOX 0611	83 (ZIP: 33906)	FT MYERS				3. Date Incorporated or Qualified 04/29/1982
FT MYERS FL	33901					4. FEI Number Applied For
						59-2234574 Not Applicat
2. Principal P	lace of Business	2a. Mailing	g Address			5. Certificate of Status Desired S8.75 Additional
21		26				Fee Required
Suite, Apt.	#, etc.	<del></del>	Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22 City & State	3	27 City &	State			Trust Fund Contribution Added to Fees  7. Is this nonprofit corporation a homeowners association?
23	•	28	Ciaro			Y, is this nonprofit corporation a noneowners association?
Zip	Country	Zip	Ĺ	Coun	try	8. This corporation owes or has paid the current year Intangible
24	25	29		10		Personal Property Tax due June 30. 🔲 Yes 🔀 No
g. Name and Address of Current Registered Agent					nd l Name	10. Name and Address of New Registered Agent
					31 Name	•
SAMMO	•			1	32 Street	t Address (P.O. Box Number is Not Acceptable)
3667 KELLY ST					33	
FI MYEI	RS FL 33901			Ľ	~	
	. Λ. πH. ,				34 City	Fi 85 Zip Code
11. Pursuant	to the provisions of Sections 617	.0502 and 617.1508	, Florida Statutes	, the abo	ove-named	d corporation submits this statement for the purpose of changing its registered
office or re agent, I a	egistered agent, or both, in the S m familiar with, and secept the	Mate of Florida. Such Soligations of, Section	า change was au ก 617.0503, Florì	thorized da Statu	by the cor tes.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	V1.506	min	ma a	3, E.	Samm	d corporation submits this statement for the purpose of changing its registered reporation's board of directors. I hereby accept the appointment as registered months TREAS.  1 - 9 8  PATE  PATE
	Signature, typed or printed name a registere	ed agent and title if applicab	ile. (NOTE: I	Rogistered /	Agent signatur	re required when reinstating) DATE
12.		AND DIRECTORS	N per err	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	PD DEIDEDT LEN		DELETE	1.1 TITL		
NAME	DEIBERT, LEN 139 SHAW BLVD MORSE	eп		1.2 NAM	eet address	DEVBERT, LEN 139 SHAW BLUD, MORSESH
STREET ADDRESS	FT MYERS FL	on			'-ST-ZIP	FT. MYERS, FL 33905
CITY-ST-ZIP TITLE	SD		DELETE	2.1 TITE		Change Additil
NAME	SAMMONS, COLLEEN					
STREET ADDRESS	3667 KELLY ST			22 NAM		Change Addition
CITY-ST-ZIP				2.2 NAM 2.3 STR	-	
	FT MYERS FL			2.3 STR	EET ADDRESS	
TITLE	FT MYERS FL D		☐ DELETE	2.3 STR	EET ADDRESS Y-ST-ZIP	
NAME	D		DELETE	2.3 STR	EET ADDRESS Y-ST-ZIP E	33901
	d Lundgren, gunnard	PERWOOD DR	DELETE	2.3 STR/ 2. 4 CIT 3.1 TITU 3.2 NAM	EET ADDRESS Y-ST-ZIP E	33901 ☐ Change 🔀 Additi
NAME Street Address	D	PERWOOD DR	DELETE	2.3 STRE 2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STRE	EET ADDRESS Y-ST-ZIP E	33901 ☐ Change 🔀 Additi
NAME	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF	PERWOOD DR	DELETE DELETE	2.3 STRE 2. 4 CIT 3.1 TITU 3.2 NAM 3.3 STRE	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP	33901 ☐ Change ► Addition
NAME STREET ADDRESS CITY-ST-ZIP	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF ESTERO FL	Perwood dr		2.3 STR/ 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR/ 3.4. CIT	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E	33901 ☐ Change ► Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF ESTERO FL TD	Perwood dr		2.3 STRE 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STRE 3.4 CIT 4.1 TITL 4.2 NAM	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E	33901    Change   Addition     Change   Change   Addition     Change   Change   Addition     Change   Change   Addition     Change   Change   Change     Change   Change   Change   Change     Change   Change   Change   Change     Change   Change   Change   Change     Change
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF ESTERO FL TD SAMMONS, G.E. 3667 KELLY ST			2.3 STRE 2. 4 CIT 3.1 TITL 3.2 NAM 3.3 STRE 3.4. CIT 4.1 TITL 4. 2 NAM 4.3 STRE	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS '-ST-ZIP	33901    Change   Addition     Change   Change   Change     Change   Change   Change     Change   Change   Change     Change   Change   Change   Change     Change   Change   Change   Change     Change   Change   Change   Change   Change     Change   Change   Change   Change   Change   Change   Change     Change   Chang
NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF ESTERO FL TD SAMMONS, G.E. 3667 KELLY ST FT MYERS FL 3396		DELETE	2.3 STR/ 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR/ 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR/ 4.4 CITY	EET ADDRESS Y-ST-ZIP E HE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS -ST-ZIP E	33901  Change Addition  33928  PD
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NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS GITY-ST-ZIP TITLE NAME STREET ADDRESS	D LUNDGREN, GUNNARD P O BOX 566, 8668 PEPF ESTERO FL TD SAMMONS, G.E. 3667 KELLY ST FT MYERS FL 3396 D NICCUM, JAMES 4408 NORTH ATLANTIC O NORTH FT. MYERS FL VD	DIRCLE	DELETE	2.3 STRI 2.4 CITY 3.1 TITU 3.2 NAM 3.3 STRI 4.1 TITU 4.2 NAM 4.3 STRI 4.4 CITY 5.1 TITU 5.2 NAM 5.3 STRI	EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E AE EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP E EET ADDRESS '-ST-ZIP	33901    Change   Addition   Change   Addition
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I nereby certify that the information supplied with this filling 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.

941-936-1431