FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State
02-22-1999 90133 006 ****61.25

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DOCUMENT # 763051

1. Corporation Name

FORT MYERS AMATEUR RADIO CLUB, INC.

Principal Place of Business	Mailing Address
3667 KELLY ST P O BOX 061183 (ZIP: 33906) FT MYERS FL 33901	P.O. BOX 061183 FT MYERS FL 33906

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/29/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2234574 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DEIBERT, LEN		1.2 NAME		
STREET ADDRESS	139 SHAW BLVD MORSE SH		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	SAMMONS, COLLEEN		2.2 NAME	SAMMONS, COLLEEN	
STREET ADDRESS	3667 KELLY ST		2.3 STREET ADDRESS	3667 KELLY ST.	
CITY-ST-ZIP	FT MYERS FL 33901		2.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LUNDGREN, GUNNARD		3.2 NAME		
STREET ADDRESS	P O BOX 566, 8668 PEPPERWOOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ESTERO FL 33928		3.4. CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	SAMMONS, G.E.		4. 2 NAME	SAMMONS G.E.	
STREET ADDRESS	3667 KELLY ST		4.3 STREET ADDRESS	3667 Kelly ST.	
CITY-ST-ZIP	FT MYERS FL 33901		4.4 CITY-ST-ZIP	FT. MYERS, FL 33901	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	KILPATRICK, CHARLES		5.2 NAME		
STREET ADDRESS	1425 SAN ROBERTO CIRCLE		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL 33919		5.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	KILPATRICK, DON W		6.2 NAME	KILPATRICK DON W.	
STREET ADDRESS	1137 N. TOWN & RIVER DR		6.3 STREET ADDRESS	1137 N. TOWN & RIVER DR.	
CITY-ST-ZIP	FT. MYERS FL 33919		6.4 CITY-ST-ZIP	FT. MYERS, FL 33919	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: G E Sammons G E SAMMONS 1/2/99 941-936-1431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #