2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# N03000000258

Entity Name: NORTH BREVARD AMATEUR RADIO CLUB INC

Current Principal Place of Business:

4743 CAMBRIDGE DRIVE
MIMS, FL 327545462

New Principal Place of Business:

Current Mailing Address:

4743 CAMBRIDGE DRIVE
MIMS, FL 327545462

New Mailing Address:

FEI Number: 43-1992548 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

JONES, BOBBY D
4743 CAMBRIDGE DRIVE
MIMS, FL 327545462 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: PD ( ) Delete
Name: JONES, BOBBY D
Address: 4743 CAMBRIDGE DRIVE
City-St-Zip: MIMS, FL 327545462

Title: D ( ) Delete
Name: SHETLER, ARCHIE A
Address: 2834 WANDA DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: D ( ) Delete
Name: HITCHCOCK, KEN L
Address: 3645 BARNA AVE. APT 3
City-St-Zip: TITUSVILLE, FL 32780

Title: D ( ) Delete
Name: GRAY, NICHOLAS A
Address: 7148 CARILLON AVENUE
City-St-Zip: PORT ST. JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BOBBY D JONES PD 07/05/2005
Electronic Signature of Signing Officer or Director — Date