

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N03398** (7)

1. Corporation Name  
**GOLD COAST AMATEUR RADIO ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**% RITCHIE, CHARLES D.**  
**4224 NW 4TH AVE**  
**BOCA RATON FL 33431**

3. Date Incorporated or Qualified **05/31/1984** 3a. Date of Last Report **02/01/1995**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**RITCHIE, CHARLES D.**  
**4224 NW 4TH AVE**  
**BOCA RATON FL 33431**

10. Name and Address of New Registered Agent  
81 Name **N/A**  
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, 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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE *Charles D. Ritchie* **CHARLES D. RITCHIE** **22 Jan 1996**  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>RITCHIE, CHARLES D.</b>	
STREET ADDRESS	<b>4224 NW 4TH AVE</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/>
NAME	<b>DE MARS, FRANK</b>	
STREET ADDRESS	<b>1616 POINSETTA DR.</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>SMORAG, FORREST</b>	
STREET ADDRESS	<b>2840 N.E. 14TH ST. 305-C</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>BUNKER, GREG</b>	
STREET ADDRESS	<b>5851 HOLMBERG ROAD, #4324</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/>
NAME	<b>HARTLEB, BOB</b>	
STREET ADDRESS	<b>8160 GRIFFIN ROAD</b>	
CITY-ST-ZIP	<b>DAVE FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Charles D. Ritchie* **22 Jan 1996** **407-395-1105**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)