


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

**FILED**

**Feb 04 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N03398 (7)**  
 1. Corporation Name  
**GOLD COAST AMATEUR RADIO ASSOCIATION, INC.**



Principal Place of Business <b>% RITCHIE, CHARLES D.                  4224 NW 4TH AVE                  BOCA RATON FL 33431</b>	Mailing Address <b>% RITCHIE, CHARLES D.                  4224 NW 4TH AVE                  BOCA RATON FL 33431-4664</b>
---	--

3. Date Incorporated or Qualified <b>05/31/1984</b>	3a. Date of Last Report <b>02/26/1996</b>
--	--

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

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
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"/> DELETE
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"/> DELETE
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"/> DELETE
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 checked="" type="checkbox"/> DELETE
NAME	<b>HARTLEB, BOB</b>
STREET ADDRESS	<b>8160 GRIFFIN ROAD</b>
CITY-ST-ZIP	<b>DAVE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>PD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>VAN SANT, Henry B.</b>
6.3 STREET ADDRESS	<b>6580 N. Dixie Hwy</b>
6.4 CITY-ST-ZIP	<b>Boca Raton, FL 33487</b>

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 in an attachment with an address.

SIGNATURE: *Charles D. Ritchie* **27 January 1997**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0038640

CR2E037 (9/96)