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Feb 02, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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02-02-1999 90028 040 *****61.25

DOCUMENT # N03398

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

Principal Place of Business % RITCHIE, CHARLES D. 4224 NW 4TH AVE BOCA RATON FL 33431	Mailing Address % RITCHIE, CHARLES D. 4224 NW 4TH AVE BOCA RATON FL 33431
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/31/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RITCHIE, CHARLES D. 4224 NW 4TH AVE BOCA RATON FL 33431		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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, CHARLES D.	1.2 NAME	
STREET ADDRESS	4224 NW 4TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE MARS, FRANK	2.2 NAME	
STREET ADDRESS	1616 POINSETTA DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMORAG, FORREST	3.2 NAME	
STREET ADDRESS	2840 N.E. 14TH ST. 305-C	3.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUNKER, GREG	4.2 NAME	
STREET ADDRESS	6220 N.W. 58TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARKLAND FL 33067	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN SANT, HENRY B	5.2 NAME	
STREET ADDRESS	6580 N DIXIE HWY	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RITCHIE, CHARLES D.	6.2 NAME	
STREET ADDRESS	4224 NW 4TH AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

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: *Charles D. Ritchie* 15 Jan 1999
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)