

**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 # **N95000003268 (8)**

1. Corporation Name

**PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.**

200001764002  
-04/01/96--01020--023  
\*\*\*61.25



Principal Place of Business

Mailing Address

3100 PRUITT ROAD  
PORT ST. LUCIE FL 34952

3100 PRUITT ROAD  
PORT ST. LUCIE FL 34952

3. Date Incorporated or Qualified  
**07/11/1995**

3a. Date of Last Report  
**7/11/95**

2. Principal Place of Business  
21 **PO BOX 7461**

2a. Mailing Address  
26 **PO BOX 7461**

4. FEI Number  
**65-0452015**

Applied For  
 Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

23 City & State  
**PORT ST. LUCIE, FL**

28 City & State  
**PORT ST. LUCIE, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

24 Zip **34985-4998** 25 Country **USA**

29 Zip **34985-4998** 30 Country **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VALE, VICTOR J II**  
205 SO. SECOND STREET  
FORT PIERCE FL 34950

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

Signature, typed or printed name of registered agent and the filer

(NOTE: Registered Agent's signature required for filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>ROY J COX</b>	
STREET ADDRESS		<b>412 NW CORNWELL AVE</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34983</b>	
TITLE	<b>D</b>	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>BOB BLACKWELL</b>	
STREET ADDRESS		<b>1420 SE DELENE CT</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34952</b>	
TITLE	<b>D</b>	<b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>JOHN FERNANDEZ</b>	
STREET ADDRESS		<b>1830 GASKINS CIR.</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34952</b>	
TITLE	<b>D</b>	<b>TREASURER</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>MARGARET DEMELLES</b>	
STREET ADDRESS		<b>740 ALTURA ST</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34952</b>	
TITLE	<b>D</b>	<b>BOARD OF DIRECTORS</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>PENNEWITZ, HOWARD</b>	
STREET ADDRESS		<b>3100 SE PRUITT RD</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE FL 34952</b>	
TITLE	<b>D</b>	<b>BOARD OF DIRECTORS</b>	<input checked="" type="checkbox"/> DELETE
NAME		<b>DICK WILKINS</b>	
STREET ADDRESS		<b>1892 SE ELROSE ST</b>	
CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34952</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		<b>DONALD METZLER</b>	
1.3 STREET ADDRESS		<b>357 NE ARDSLEY DR.</b>	
1.4 CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34983</b>	
2.1 TITLE	<b>D</b>	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		<b>R. STEVE NICHOL</b>	
2.3 STREET ADDRESS		<b>223 INDIAN HILLS DR.</b>	
2.4 CITY-ST-ZIP		<b>FT. PIERCE, FL 34982</b>	
3.1 TITLE	<b>D</b>	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		<b>PAUL HARRISON</b>	
3.3 STREET ADDRESS		<b>161 DUXBURY AVE</b>	
3.4 CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34983</b>	
4.1 TITLE	<b>D</b>	<b>TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		<b>JOSEPH E BEANE</b>	
4.3 STREET ADDRESS		<b>2950 SE OCEAN BLVD 135-2</b>	
4.4 CITY-ST-ZIP		<b>STUART, FL 34996</b>	
5.1 TITLE	<b>D</b>	<b>BOARD OF DIRECTORS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		<b>ROY J COX</b>	
5.3 STREET ADDRESS		<b>412 N.W. CORNWELL AVE</b>	
5.4 CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34983</b>	
6.1 TITLE	<b>D</b>	<b>BOARD OF DIRECTORS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		<b>RICK CLAIR</b>	
6.3 STREET ADDRESS		<b>1756 LULLABY TERR</b>	
6.4 CITY-ST-ZIP		<b>PORT ST LUCIE, FL 34952</b>	

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: **Joseph E Beane** **TREASURER** **2/26/96** **407/286-5642**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Phone #

CR2E037 (12/95)

3-30-1996