

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003268 (8)**  
1. Corporation Name  
**PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 7461 PORT ST. LUCIE FL 34985-8998	Mailing Address P.O. BOX 7461 PORT ST. LUCIE FL 34985-7461
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3. Date Incorporated or Qualified <b>07/11/1995</b>	3a. Date of Last Report <b>03/30/1996</b>
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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
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4. FEI Number <b>65-0452015</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**VALE, VICTOR J II  
205 SO. SECOND STREET  
FORT PIERCE FL 34950**

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	DP	<input checked="" type="checkbox"/> DELETE
NAME	METZLER, DONALD	
STREET ADDRESS	357 NE ARDSLEY DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	NICHOL, STEVE R	
STREET ADDRESS	223 INDIAN HILLS DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HARRISON, PAUL	
STREET ADDRESS	161 DUXBURY AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BEANE, JOSEPH E	
STREET ADDRESS	2950 SE OCEAN BLVD 135-2	
CITY-ST-ZIP	STUART FL 34998	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COX, ROY J	
STREET ADDRESS	412 N.W. CORNWELL AVE.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLAIR, RICK	
STREET ADDRESS	1756 LULLABY TERR	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HERRING, FRANK H. SR.	
1.3 STREET ADDRESS	2550 SW CALENDAR ST	
1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34953	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRUZ, JOHN	
2.3 STREET ADDRESS	1004 SUNRISE BLVD.	
2.4 CITY-ST-ZIP	FT. PIERCE, FL 34950	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHREIBMAN, BERNARD	
5.3 STREET ADDRESS	5 ISABELLA LANE	
5.4 CITY-ST-ZIP	PORT ST LUCIE, FLA. 34952	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HANNES, JOHN	
6.3 STREET ADDRESS	313 N.W. TUSCANY LN.	
6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL, 34986	

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 on an attachment with an address.

SIGNATURE: *Joseph E Beane* TREASURER REQUIRED 2 Feb 97 286-5842  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071628

CFR2E037 (9/96)