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03-03-1999 90029 010 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003268  
1. Corporation Name:  
PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business: P.O. BOX 7461, PORT ST. LUCIE FL 34985-9998  
Mailing Address: P.O. BOX 7461, PORT ST. LUCIE FL 34985-9998



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	07/11/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0452015
City & State	City & State	Applied For
23	28	<input checked="" type="checkbox"/> Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
29	30	6. Election Campaign Financing
		<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
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
	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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, CALVIN S	1.2 NAME	P STEIN, ROBERT A
STREET ADDRESS	2262 TILE TER	1.3 STREET ADDRESS	P.O. BOX 6042
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	1.4 CITY-ST-ZIP	STUART, FL 34997
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, WILLIAM	2.2 NAME	COX, ROY J.
STREET ADDRESS	1238 SE NAPLES LANE	2.3 STREET ADDRESS	412 NW CORNELL AVE
CITY-ST-ZIP	PORT ST LUCIE FL 34983-3126	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYER, KURT F	3.2 NAME	BENNER, CHARLES A.
STREET ADDRESS	1825 SE BALLETO ST	3.3 STREET ADDRESS	1350 LAROSE CT.
CITY-ST-ZIP	PORT ST LUCIE FL 34952	3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952
TITLE	T <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANSON, GORDON B	4.2 NAME	COOK JR., LAWRENCE J.
STREET ADDRESS	4212 SE HOME WAY	4.3 STREET ADDRESS	117 NE SAGAMORE TRAK
CITY-ST-ZIP	PORT ST LUCIE FL 34952	4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LENNAN, ANGELA	5.2 NAME	MAYERS, DONALD U.
STREET ADDRESS	2114 SE MIDTOWN RD	5.3 STREET ADDRESS	412 SW TARRA AVE.
CITY-ST-ZIP	PORT ST LUCIE FL 34952	5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34953
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASSON, MAURICE DR	6.2 NAME	DENNEWITZ, HOWARD
STREET ADDRESS	8598 FLORENCE DR	6.3 STREET ADDRESS	3100 S.E. PRUITT RD F-302
CITY-ST-ZIP	PORT ST LUCIE FL 34952	6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 A. Benner DATE: 1/20/99 PHONE: (361) 335-8026  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)