

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90063 003 ****61.25

DOCUMENT # *N95000003268*

1. Entity Name *PORT ST LUCIE AMATEUR RADIO ASSOCIATION*

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2. Principal Place of Business <i>NONE</i>		3. Mailing Address <i>P.S.L.A.R.A.</i>		4. FEI Number <i>65-0452015</i>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. <i>P.O. BOX 7461</i>			
City & State		City & State <i>PORT ST LUCIE FL</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip <i>34985-9998</i>	Country <i>U.S.A.</i>		

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <i>CLAIRE THIBODEAU</i>
Street Address (P.O. Box Number is Not Acceptable) <i>2262 SE TILE TERRACE</i>
City <i>PORT ST LUCIE</i> FL Zip Code <i>34952</i>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Claire Thibodeau, Secy.* DATE *3/7/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25 Initial or Amended UBR	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS			
TITLE <i>P</i>	NAME <i>CALVIN S PHILLIPS</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>2262 SE TILE TERR.</i>	STREET ADDRESS <i>2262 SE TILE TERR.</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	STREET ADDRESS	
TITLE <i>VP</i>	NAME <i>MAURICE SASSON</i>	TITLE	
STREET ADDRESS <i>8598 FLORENCE DR</i>	STREET ADDRESS <i>8598 FLORENCE DR</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	STREET ADDRESS	
TITLE <i>ST</i>	NAME <i>CLAIRE THIBODEAU</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>2262 SE TILE TERR.</i>	STREET ADDRESS <i>2262 SE TILE TERR.</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34952</i>	STREET ADDRESS	
TITLE <i>TR-D</i>	NAME <i>PETER TRAPP</i>	TITLE	
STREET ADDRESS <i>186 SE CARTER AVE</i>	STREET ADDRESS <i>186 SE CARTER AVE</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	STREET ADDRESS	
TITLE <i>D</i>	NAME <i>LARRY COOK</i>	TITLE	DO NOT WRITE IN THIS SPACE
STREET ADDRESS <i>117 NE SAGAMORE TERR.</i>	STREET ADDRESS <i>117 NE SAGAMORE TERR.</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	STREET ADDRESS	
TITLE <i>D</i>	NAME <i>PAUL HARRISON</i>	TITLE	
STREET ADDRESS <i>161 DUXBURY AVE</i>	STREET ADDRESS <i>161 DUXBURY AVE</i>	NAME	
CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	CITY-ST-ZIP <i>PORT ST LUCIE FL 34983</i>	STREET ADDRESS	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Claire Thibodeau* SECY. DATE *3/7/02* *335-5662*

CR2E037B (12/01)