


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 003 ****61.25

DOCUMENT # N95000003268					
1. Entity 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0452015	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BEVAN, CYRIL 2589 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987			Name <u>Fields, Sherwin</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>5820 NW Begonia Ave</u>		
			<u>PORT ST. LUCIE</u>		
			City	FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Sherwin Fields</u>			DATE <u>4/4/07</u>		
Signature, typed or printed name of registered agent and title if applicable.			(NOTE: Registered Agent signature required when reinstating)		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACLEOD, JOHN P		NAME	Terry, James L.	
STREET ADDRESS	4 SANTA CRUZ WAY		STREET ADDRESS	442 SE Verada Ave	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	VICE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY, JAMES L		NAME	COX, ROY	
STREET ADDRESS	442 SE VERADA AVE		STREET ADDRESS	412 NW CORNELL AVE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEVAN, CYRIL		NAME	Fields, Sherwin D.	
STREET ADDRESS	2589 SW IMPORT DR		STREET ADDRESS	5820 NW Begonia Ave	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JAY E		NAME	SMITHLER, George	
STREET ADDRESS	P.O. BOX 61		STREET ADDRESS	8222 Sandpine Cir	
CITY-ST-ZIP	STUART, FL 34995		CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FIELDS, SHERWIN D		NAME	MAXWELL, Jeff	
STREET ADDRESS	5820 NW BEGONIA AVE		STREET ADDRESS	6008 NW FAVIAN AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986		CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	MACLEOD, JOHN P	
STREET ADDRESS			STREET ADDRESS	4 SANTA CRUZ WAY	
CITY-ST-ZIP			CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Sherwin Fields</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
SHERWIN FIELDS			TREAS 4/4/07		
			Date		
			772-359-7781		
			Daytime Phone #		

40055148



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