

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90165 037 ****61.25

0096070

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



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

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

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THIBODEAU, CLAIRE
2862 SE TILE TERRACE
PORT SAINT LUCIE FL 34952

Name **ROBINSON KENT Sodevilla**

Street Address (P.O. Box Number is Not Acceptable)
2851 SE PACE DR

City **PORT ST. LUCIE**

FL

Zip Code
34984

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

Robinson Kent Sodevilla
Signature, typed or printed name of registered agent and title if applicable.

TREASURER

(NOTE: Registered Agent signature required when reinstating)

3/20/03
DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$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
NAME	PHILLIPS, CALVIN	
STREET ADDRESS	2262 SE TILE TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	TRD	<input checked="" type="checkbox"/> Delete
NAME	TRAPP, PETER	
STREET ADDRESS	186 SE CARTER AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	THIBODGAN, CLAIRE	
STREET ADDRESS	2262 SE TILE TERRACE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SASSON, MAURICE	
STREET ADDRESS	8598 FLORENCE DRIVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COOK, LARRY	
STREET ADDRESS	117 NE SAGAMORE TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARRISON, PAUL	
STREET ADDRESS	161 DUXBURY AVE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE	PRES	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROY COX	
STREET ADDRESS	412 NW CORNELL AVE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	
TITLE	TRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON KENT Sodevilla	
STREET ADDRESS	2851 SE PACE DR	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHARLES BENNER	
STREET ADDRESS	1350 LaROSE CT.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RON PLAYFORD	
STREET ADDRESS	141 SE LAKEHURST DR	
CITY-ST-ZIP	PSL FL 34983 DR	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAURICE SASSON	
STREET ADDRESS	8598 FLORENCE DR.	
CITY-ST-ZIP	PORT ST LUCIE, FL	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIDNEY SALTER	
STREET ADDRESS	991 NW TUSCANY DR	
CITY-ST-ZIP	PORT ST LUCIE, FL 34986	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robinson Kent Sodevilla

3/20/03

777-336-9227

CR2E037 (10/02)