

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003268

Entity Name: PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

Current Principal Place of Business:

1550 SW BERMEL AVENUE
PORT ST. LUCIE, FL 34953

Current Mailing Address:

PO BOX 7461
PORT ST. LUCIE, FL 34985-7461 US

FEI Number: 65-0452015

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARROLL, BRUCE
11337 SW LAKE PARK DRIVE
PORT ST. LUCIE, FL 34987 US

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: BRUCE CARROLL

02/01/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BUNTING, GREGORY KB4VVE
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title VP
Name ALLIE, DEREK KO4DAD
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title TREASURER
Name CARROLL, BRUCE WA3RHW
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title SECRETARY
Name CARROLL, BRUCE WA3RHW
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title DIRECTOR
Name HORNER, PAUL W4ISZ
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title DIRECTOR
Name BUTTE, JOSEPH W4SLD
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title DIRECTOR
Name BOWMAN, CHRIS KQ4GGA
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title DIRECTOR
Name BROWN, ROBERT AI4RB
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BRUCE CARROLL

SECRETARY

02/01/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOWMAN, STEVE N4SGL
Address PO BOX 7461
City-State-Zip: PORT ST. LUCIE FL 34985-7461