

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003268

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

**Current Principal Place of Business:**

295 NW PRIMA VISTA BLVD  
PORT ST. LUCIE, FL 34983

**Current Mailing Address:**

PO BOX 7461  
PORT ST. LUCIE, FL 34985 US

**FEI Number: 65-0452015**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BUNTING, GREGORY T KB4VVE  
1550 SW BERMEL AVE  
PORT SAINT LUCIE, FL 34953 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: GREGORY TALBOT BUNTING, KB4VVE**

**01/11/2016**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           BUTTE, JOSEPH H W4SLD  
Address        1057 SW ADVENTURE LANE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title           VP  
Name           BARR, HAROLD W8PPI  
Address        1641 SE HIGDON CT  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title           SECRETARY  
Name           BUNTING, GREGORY TALBOT  
                  KB4VVE  
Address        1550 SW BERMEL AVE  
City-State-Zip: PORT SAINT LUCIE FL 34953

Title           PRESIDENT  
Name           HORNER, PAUL KK4ISZ  
Address        11971 SW CRESTWOOD CIR.  
City-State-Zip: PORT ST. LUCIE FL 34987

Title           DIRECTOR  
Name           MARQUEZ, ERNESTO AJ4BP  
Address        1332 SW BROADVIEW ST.  
City-State-Zip: PORT ST. LUCIE FL 34983

Title           DIRECTOR  
Name           BROWN, ROBERT KJ4UXS  
Address        1297 SE CORAL REEF ST.  
City-State-Zip: PORT ST. LUCIE FL 34983

Title           DIRECTOR  
Name           COOK, LARRY W4QH  
Address        117 NE SAGAMORE TERRACE  
City-State-Zip: PORT ST. LUCIE FL 34983

Title           DIRECTOR  
Name           FIELDS, SHERWIN D KA9COD  
Address        5820 NW BEGONIA AVENUE  
City-State-Zip: PORT ST. LUCIE FL 34986

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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: GREGORY T. BUNTING**

**SECRETARY**

**01/11/2016**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            SINCLAIR, DONN V WY5I  
Address        4152 SW MUNCIE ST.  
City-State-Zip: PORT SAINT LUCIE FL 34953