

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000003268

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

**Current Principal Place of Business:**

1297 SE CORAL REEF ST  
PORT ST. LUCIE, FL 34983

**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:**

BROWN, ROBERT AI4RB  
1297 SE CORAL REEF ST  
PORT ST. LUCIE, FL 34983 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:** ROBERT BROWN

02/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title            VP  
Name            BERTRAND, SCOTT AI4TT  
Address        PO BOX 7461  
City-State-Zip: PORT ST. LUCIE FL 34985-7461

Title            TREASURER  
Name            PEARSALL, ROBERT W4RJP  
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            ALLIE, DEREK KO4DAD  
Address        PO BOX 7461  
City-State-Zip: PORT ST. LUCIE FL 34985-7461

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

**Continues on page 2**

*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:** ROBERT BROWN

PRESIDENT

02/03/2023

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