

**2019 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 T BUNTING

01/23/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

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

Title            DIRECTOR  
Name            LENZ, KENNETH WA4ABR  
Address        3309 BENT PINE DR  
City-State-Zip: FT. PIERCE FL 34951

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

Title            SECRETARY  
Name            PEARSALL, ROBERT W4RJP  
Address        1349 SE BAY HARBOR 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            CIARDI, MICHAEL W4PPM  
Address        8055 PLANTATION LAKES DR.  
City-State-Zip: PORT ST LUCIE FL 34986

*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 BUNTING

**TREASURER**

01/23/2019

Electronic Signature of Signing Officer/Director Detail

Date