

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90054 014 ****61.25

DOCUMENT # 702580

1. Entity Name

EVERGLADES AMATEUR RADIO CLUB, INC.



Principal Place of Business

P. O. BOX 113
HOMESTEAD FL 33030-0113

Mailing Address

P. O. BOX 113
HOMESTEAD FL 33030-0113

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-0028129

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STARKEY, WILLIAM
13266 SW 265 TERR
NARANJA FL 33032

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE ☐ Delete
NAME P. KNIGHT, DAVID
STREET ADDRESS 17250 SW 300 ST
CITY-ST-ZIP HOMESTEAD FL 33030

TITLE ☒ Delete
NAME VP SCHULER, THOMAS
STREET ADDRESS 10210 SW 15TH PL #112
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ Delete
NAME S KUSTER, SONIA
STREET ADDRESS 22745 SW 157TH AVE
CITY-ST-ZIP MIAMI FL 33170

TITLE ☐ Delete
NAME T COSENTINO, ARMANDO
STREET ADDRESS 9052 SW 215TH TER
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ Delete
NAME DC COWGEL, GENE
STREET ADDRESS 14521 SW 28 ST
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Delete
NAME D STARKEY STANLEY, WILLIAM
STREET ADDRESS 13266 SW 165 TERRACE
CITY-ST-ZIP HOMESTEAD FL 33032

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME VP WILLIAM APPLETON
STREET ADDRESS 18994 SW 309TH ST
CITY-ST-ZIP HOMESTEAD FL 33033

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/05

Date

Daytime Phone #