2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707143

FILED Aug 31, 2005 Secretary of State

Entity Name: SARASOTA AMATEUR RADIO ASSOCIATION INC.

urrent P	Principal Place of Business:	New Principal Place of Business:
O BOX (SARASO)	3182 FA, FL 342300182	
urrent M	Mailing Address:	New Mailing Address:
O BOX : ARASO1	3182 FA, FL 342300182	
	:: 59-1851584 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation d	
ame and	d Address of Current Registered Agent	:: Name and Address of New Registered Agent:
ARASO1	R CROSSING CT FA, FL 34240 US a named entity submits this statement for t	he purpose of changing its registered office or registered agent, or bot
		the purpose of changing its registered office of registered agent, or both
the Stat	e of Florida.	the purpose of changing its registered office of registered agent, of bot
the Stat	e of Florida. ¯ RE:	
the Stat	e of Florida.	
the Stat	e of Florida. ¯ RE:	
the Stat	e of Florida. RE: Electronic Signature of Registered	Agent Date
the State of the State of the State of the same: ddress: ity-St-Zip: tte: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete MARTIN, WILLIAM E 7334 DEER CROSSING CT	Agent Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Name: Address:
n the Stati IGNATU PFFICER tte: ame: ddress:	e of Florida. RE: Electronic Signature of Registered S AND DIRECTORS: PD () Delete MARTIN, WILLIAM E 7334 DEER CROSSING CT SARASOTA, FL 34240 SD () Delete DICKSON, ELMER 5165 ISLAND DATE STREET	Agent ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM E. MARTIN PD 08/31/2005