## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707143** 

Apr 22, 2009 Secretary of State

Entity Name: SARASOTA AMATEUR RADIO ASSOCIATION INC.

**Current Principal Place of Business: New Principal Place of Business:** P O BOX 3182 7334 DEER CROSSING COURT SARASOTA, FL 342300182 SARASOTA, FL 34240 **Current Mailing Address: New Mailing Address:** P O BOX 3182 SARASOTA, FL 342300182 FEI Number: 59-1851584 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MARTIN, WILLIAM E 7334 DEER CROSSING CT SARASOTA, FL 34240 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition OWEN, ERIC OWEN, ERIC Name: Name: Address: 2702 JACACA STREET Address: 2702 JAMACA STREET City-St-Zip: SARASOTA, FL 34231 City-St-Zip: SARASOTA, FL 34231 Title: SD () Delete Title: (X) Change ( ) Addition Name: DICKSON, ELMER Name: ANDERSON, WILLIAM Address: 1622 19TH AVE WEST #4 Address: 4543 GALWAY DRIVE City-St-Zip: BRADENTON, FL 34205 City-St-Zip: SARASOTA, FL 34232 Title: () Delete Title: () Change () Addition MARTIN, VIVIA Name: Name: 7334 DEER CROSSING CT Address: Address: City-St-Zip: SARASOTA, FL 34240 City-St-Zip: Title: VΡ ( ) Delete Title: () Change () Addition Name: ZIRPOLLI, DANNY Name: Address: 2717 BROWNING ST Address: City-St-Zip: SARASOTA, FL 34237 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: VIVIA MARTIN Τ 04/22/2009