

2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90011 047 ****61.25

DOCUMENT # 716113

1. Entity Name
SILVER SPRINGS RADIO CLUB, INC.



Principal Place of Business
319 SE 26TH CT
OCALA, FL 34471

Mailing Address
P.O. BOX 787
SILVER SPRINGS, FL 34489-0787

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182008

Chg-NP

CR2E037 (12/06)

4. FEI Number

59-2501600

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANTZ, JEANETTE
2801 SOUTHWEST COLLEGE ROAD, STE. 9
OCALA, FL 34474

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

Filing Fee is \$61.25
Due by May 1, 2008

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	PD	<input type="checkbox"/> Delete
NAME	SWEENEY, EARL	
STREET ADDRESS	5995 NE 63RD STREET	
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	TOLLER, RON	
STREET ADDRESS	8115 SW 76TH AVE.	
CITY-ST-ZIP	OCALA, FL 34476	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRITT, WILLIAM C	
STREET ADDRESS	3216 SE 35TH STREET	
CITY-ST-ZIP	OCALA, FL 34471	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	FRANTZ, JEANETTE	
STREET ADDRESS	5291 SE 129H CT.	
CITY-ST-ZIP	OCALA, FL 34481	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HILL, WALTER	
STREET ADDRESS	5610 SW 57TH CT.	
CITY-ST-ZIP	OCALA, FL 34474	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Earl Sweeney

Date

Daytime Phone #

2/19/08

ATTACHMENT

40029928

ATTACHMENT TO 2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #716113

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	P/D EARL SWEENEY 5995 NE 63 RD STREET SILVER SPRINGS, FL 34488 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	V/D WILLIAM C BRITT 3216 SE 35 TH STREET OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	T/D DON FREER 1260 SE 65 TH CIRCLE OCALA FL 34472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	S/D HAROLD WOOD 2601 SE EIGHT AVENUE OCALA FL 34471 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D PHILLIP L. FRANTZ 5291 SW 129 TH COURT OCALA FL 34481 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D RON TOLLER 8761 SW 76 TH AVENUE OCALA FL 34476 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	D SCOTT HARTSHORN 6917 SE 53 RD PLACE OCALA FL 34472 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS		TITLE NAME STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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