

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 719922 (7)**  
1. Corporation Name  
**WEST PALM BEACH AMATEUR RADIO CLUB, INC.**



Principal Place of Business Mailing Address  
**PO BOX 6834 WEST PALM BEACH FL 33418-6834 US** **PO BOX 6834 WEST PALM BEACH FL 33405 US**

3. Date Incorporated or Qualified **12/23/1970** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-2434767</b>		Applied For Not Applicable	
21	Street, Apt. #, etc.	26	Street, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24	Country	29	Country				

**9. Name and Address of Current Registered Agent**

**ERNST, WILLIAM  
3807 COLLINWOOD LANE  
WEST PALM BEACH FL 33406**

**10. Name and Address of New Registered Agent**

81	Name <b>Robert Sawyer</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>410 N. Atlantic Dr.</b>
83	City
84	City <b>Lantana</b>
85	Zip Code <b>FL 33462</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Robert B Sawyer* *Robert B Sawyer* **3/26/96**

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ERNST, WILLIAM	
STREET ADDRESS	3807 COLLINWOOD LANE	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FALCO, SAM	
STREET ADDRESS	176 W 10TH ST	
CITY-ST-ZIP	RIVER BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GUILLUM, DENISE L	
STREET ADDRESS	182 RIDGE RD	
CITY-ST-ZIP	JUPITER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HATFIELD, JAMES	
STREET ADDRESS	252 POE DRIVE	
NAME	PAPANDREAS, E. G.	<input type="checkbox"/> DELETE
STREET ADDRESS	32 BARBERTON RD	
CITY-ST-ZIP	LAKE WORTH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	Sawyer, Robert	
13	STREET ADDRESS	410 N. Atlantic Dr. , Lantana, FL	33462
14	CITY-ST-ZIP		
21	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22	NAME	Brady, Michael	
23	STREET ADDRESS	4620 Carthage Cir N	
24	CITY-ST-ZIP	Lantana, FL 33463	
31	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	Hatfield, James	
33	STREET ADDRESS	252 Poe Dr.	
34	CITY-ST-ZIP	Palm Springs, FL 33461	
41	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	Parrinello, Joseph	
43	STREET ADDRESS	Kent N 223	
44	CITY-ST-ZIP	West Palm Beach, FL 33417	
51	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME		
53	STREET ADDRESS		
54	CITY-ST-ZIP		
61	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME		
63	STREET ADDRESS		
64	CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Hatfield* **James Hatfield** **3-19-96** **407-882-5100**

CR2E037 (12/95)