

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

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90105 021 ****61.25



DOCUMENT # 719922
 1. Entity Name
WEST PALM BEACH AMATEUR RADIO CLUB, INC.

Principal Place of Business Mailing Address
 P.O. BOX 223123 P.O. BOX 223123
 WEST PALM BEACH FL 33422 WEST PALM BEACH FL 33422
 US US



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-2434767 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEACE, BETTY J 221 HENTHORNE DRIVE PALM SPRINGS FL 33461	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	<p style="text-align: right;">FL</p>

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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKULTETY, STEPHAN <input checked="" type="checkbox"/> Delete 429 9TH STREET PALM BEACH GARDENS FL 33410	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVE MESSINGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 15549 69TH COURT NORTH LOYAHATCHEE FL 33470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEIN, PAULA <input checked="" type="checkbox"/> Delete 1551 DREXEL ROAD WEST PALM BEACH FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REX RATHBUN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1140 RANCHETTE ROAD WEST PALM BEACH FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD POLLARD, RICHARD <input type="checkbox"/> Delete 1058 SALMON ISLE GREENACRES FL 33413	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRANZ, GEORGE <input type="checkbox"/> Delete 4480 CAMROSE LANE WEST PALM BEACH FL 33417	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* TRLBTS 04/09/05 (561) 687-8441
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #