

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724727

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** PLAYGROUND AMATEUR RADIO CLUB INC

**Current Principal Place of Business:**

13 FIRST ST. S.E.  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 873  
FORT WALTON BEACH, FL 325490873

**New Mailing Address:**

**FEI Number:** 23-7296768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCCARTER, STEVE  
203 PILGRIM AVE.  
FORT WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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:**

Title: TR  
Name: BUTLER, FRANK  
Address: 323 ELLIOT ROAD SE  
City-St-Zip: FT WALTON BEACH, FL 32547

Title: P  
Name: MC CARTER, STEVE  
Address: 203 PILGRIM AVENUE  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: V  
Name: NISWONGER, MIKE  
Address: 639 MERIONETH COURT N.E.  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: S  
Name: UNDERFINGER, ED  
Address: 1 E NEWCASTLE DR  
City-St-Zip: FORT WALTON BEACH, FL 32547

Title: T  
Name: HAUNSCHILD, MAHLON  
Address: 1115 TALLOKAS ROAD  
City-St-Zip: CRESTVIEW, FL 32536

I hereby 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 all other like empowered.

SIGNATURE: MAHLON R. HAUNSCHILD

T

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date