

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

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. McManham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727142 (2)**  
 1. Corporation Name  
**ORLANDO AMATEUR RADIO CLUB, INCORPORATED**



Principal Place of Business <b>3505 E. KALEY AVE. ORLANDO FL 32806</b>	Mailing Address <b>P.O. BOX 3262 ORLANDO FL 32802</b>
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3. Date Incorporated or Qualified <b>08/08/1973</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>23-7272924</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1407 June Street</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Orlando, Florida</b>	City & State 28
Zip 24 <b>32807-3629</b>	Country 25 <b>USA</b>
29	30

9. Name and Address of Current Registered Agent  
**KESLING, PAUL  
 8919 VALENCIA GARDENS DR.  
 ORLANDO FL 32825**

10. Name and Address of New Registered Agent  
 B1 Name **ZIELINSKI, STEVE**  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
**1407 June Street**  
 B3  
 B4 City **Orlando** FL B5 Zip Code **32807-3629**

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 617.0105, Florida Statutes.

SIGNATURE **STEVE ZIELINSKI** **STEVE ZIELINSKI** **4-17-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>RADICE, CYNTHIA B</b>	
STREET ADDRESS	<b>1407 JUNE ST</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FORD, HERBERT P</b>	
STREET ADDRESS	<b>6108 CASTLEWOOD LANE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32808</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KESLING, PAUL</b>	
STREET ADDRESS	<b>8919 VALENCIA GARDENS DR</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CHRISTENSON, KENNETH J</b>	
STREET ADDRESS	<b>1540 SILVER FOX CIRCLE</b>	
CITY-ST-ZIP	<b>APOPKA FL 32712</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, NEIL</b>	
STREET ADDRESS	<b>2550 RIO PINAR LAKES</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILL, LINEBERRY</b>	
STREET ADDRESS	<b>1154 WESTERN WAY</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Nelson, Wayne</b>		
2.3 STREET ADDRESS	<b>1517 Nevada Ave.</b>		
2.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>		
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Zielinski, Steve</b>		
3.3 STREET ADDRESS	<b>1407 June Street</b>		
3.4 CITY-ST-ZIP	<b>Orlando, FL 32807</b>		
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<b>T</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	<b>Starr, Tim</b>		
6.3 STREET ADDRESS	<b>931 Red Oak Ct.</b>		
6.4 CITY-ST-ZIP	<b>Orlando, FL 32809</b>		

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: **Cynthia B. Radice** **CYNTHIA B. RADICE** **4-17-96** **(407) 273-5088**  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (12/95)