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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE

727142

(2)

ORI ANDO AMATEUR RADIO CLUB, INCORPORATED

OHE WA		, 1100/11 0121125			
Principal Place of Business		Mailing Address		L HARINI KORNO MARIN KANIN DIBUR K	ibi dibir didir bidir bidir dibir bibir bidir fabi
1407 JUNE STREET ORLANDO FL 32807-3629 US		P.O. BOX 3262 ORLANDO FL 32802-3262			
00				3. Date Incorporated or Qualified 08/08/1973	3a. Date of Last Report 04/25/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number 23-7272924	Applied For
21	U ata	Suite, Apt. #, etc.	· · · · · · · · · · · · · · · · · · ·	231212824	Not Applicable
Suite, Apt. i	#, BIG.	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zφ	Country	Zip	Country	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25 9. Name and Address of Curren		30	Florida Statutes 10. Name and Address of New Re	
			81 Name 🚣		サミノンニ
K eshing	PAUL ZIELINSKI	STEVE	62 Street Addr	ess (P.O. Box Number is Not Acceptab	1000
1407 JUNE STREET			62 Street Audi	essir, o. Box Number is Not Acceptato	10)
ORLANDO FL 92825			83	SAM IT	
			84 City		85 Zip Code
					FL 32807
11. Pursuant t office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State	2 and 617.1508, Florida Statuti of Florida, Such change was a	es, the above-named corp authorized by the corporat	oration submits this statement for the p ion's board of directors. I hereby accep	urpose of changing its registered It the appointment as registered
agent. Far	n familiar with, and accept the obliga	itions of, Section 617.0503, Flo	orida Statutes.	Cu:	
SIGNATURE _	Signature, typed or printed name of registered ager	of and title if applicable (NOT	E: Registered Agen) signature requir	ed when reinstating)	2-19-97 DATE
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	Р	DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME.	RADICE, CYNTHIA B		1.2 NAME		
STREET ADDRESS	1407 JUNE ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL V	DELETE	1.4 CITY - ST - ZIP		Change Addition
TITLE NAME	NELSON, WAYNE	LJ OLLLIL	2.1 TITLE 2.2 NAME		C ousules C vection
STREET ADDRESS	1517 NAVADO AVE		2.3 SYREET ADORESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	\$	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ZIELINSKI, STEVE		3.2 NAME		
STREET ADDRESS	1407 JUNE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	Del Fre	3.4. CITY-ST-20P		Charge 1 43.00
TITLE	D CUDICTENICONI VENINETH I	☐ DELETE	4.1 TITLE		Change Addition
NAME	CHRISTENSON, KENNETH J 1540 SILVER FOX CIRCLE		4. 2 NAME		
STREET ADDRESS	APOPKAO FL 32712		4.3 STREET ADDRESS 4.4 CHY-ST-ZIP		
CITY-ST-ZIP TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	JOHNSON, NEIL	_	5.2 NAME		
STREET ADDRESS	2550 RIO PINAR LAKES		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE	Ţ	☐ DELETE	6.1 TITLE		Change Addition
NAME	STARR, TIM		6.2 NAME		
STREET ADDRESS	931 RED OAK CT		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	at the at the different distance of the second	6 4 CITY-ST-ZIP	Lin Continu 110 07/0VSL Florida Continu	o I further cortifu that the
14. I do heret informatio	by certify that the information supplied in indicated on this annual report or s	with this tiling does not quality applemental annual report is t	rue and accurate and that	my signature shall have the same lega	s. Further certify that the dieffect as if made under oath; that
14. I do 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 annual report or suppliemental 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 directorloof the exportance or the endowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if by anged or do an attachment with an address.					