


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90049 002 ****70.00

DOCUMENT # 727142					
1. Entity Name ORLANDO AMATEUR RADIO CLUB, INCORPORATED					
Principal Place of Business 1407 JUNE ST ORLANDO FL 32807 US		Mailing Address P.O. BOX 3262 ORLANDO FL 32802			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7272924	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RADICE, CYNTHIA 1407 JUNE ST ORLANDO FL 32807			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMING, ROBERT		NAME		
STREET ADDRESS	1850 E CROWLEY CIR		STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROSSER, HAL		NAME	JOSEPH OSBURN	
STREET ADDRESS	1017 GAMMAGE PT		STREET ADDRESS	605 LAKEVIEW ST.	
CITY-ST-ZIP	OVIEDO FL 32765		CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RADICE, CYNTHIA		NAME		
STREET ADDRESS	1407 JUNE ST		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENRIQUE, PICO		NAME		
STREET ADDRESS	1407 JUNE STREET		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32807		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELCHIORI, MARIA		NAME	PROSSER, HAL	
STREET ADDRESS	1840 CLEEK CT.		STREET ADDRESS	1017 GAMMAGE PT.	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	OVIEDO, FL 32765	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELCHIORI, JOHN		NAME	JONES, QUENTIN	
STREET ADDRESS	1840 CLEEK CT		STREET ADDRESS	1802 COLLEEN DR.	
CITY-ST-ZIP	ORLANDO FL 32835		CITY-ST-ZIP	ORLANDO, FL 32809	
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: <i>Cynthia Radice</i> CYNTHIA RADICE		4-18-04		(407) 273-5088	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	