


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90309 050 \*\*\*\*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**

00043001



2. Principal Place of Business  
**6149 BLUE DUCK LANE  
 Suite, Apt. #, etc.  
 #47**

3. Mailing Address  
 Suite, Apt. #, etc.

04192005 Chg-NP CR2E037 (10/03)

City & State  
**ORLANDO FL**

City & State

4. FEI Number  
**23-7272924**

Applied For  
 Not Applicable

Zip  
**32809**

Country  
**US**

Zip  
 Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RADICE, CYNTHIA  
 1407 JUNE ST  
 ORLANDO, FL 32807**

7. Name and Address of New Registered Agent  
 Name **SANDRA GAU**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6149 BLUE DUCK LANE #47**  
 City **ORLANDO** **FL** Zip Code **32809**

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 *Sandra Gau* **SANDRA GAU** 4/20/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make check payable to  
 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE P NAME CUMMING, ROBERT STREET ADDRESS 1850 E CROWLEY CIR CITY-ST-ZIP LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Delete
TITLE VP NAME OSBURN, JOSEPH STREET ADDRESS 605 LAKEVIEW ST CITY-ST-ZIP ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete
TITLE S NAME RADICE, CYNTHIA STREET ADDRESS 1407 JUNE ST CITY-ST-ZIP ORLANDO, FL 32807	<input checked="" type="checkbox"/> Delete
TITLE T NAME ENRIQUE, PICO STREET ADDRESS 1407 JUNE STREET CITY-ST-ZIP ORLANDO, FL 32807	<input type="checkbox"/> Delete
TITLE D NAME PROSSER, HAL STREET ADDRESS 1017 GAMMAGE PT CITY-ST-ZIP OVIEDO, FL 32765	<input checked="" type="checkbox"/> Delete
TITLE D NAME JONES, QUENTIN STREET ADDRESS 1802 COLLEEN DR CITY-ST-ZIP ORLANDO, FL 32809	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P NAME JOE OSBURN STREET ADDRESS 605 LAKEVIEW ST CITY-ST-ZIP ORLANDO FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP NAME CYNTHIA RADICE STREET ADDRESS 1407 JUNE ST CITY-ST-ZIP ORLANDO FL 32807	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SANDRA GAU STREET ADDRESS 6149 BLUE DUCK LANE #47 CITY-ST-ZIP ORLANDO FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME CUMMING ROBERT STREET ADDRESS 1850 E. CROWLEY CIR CITY-ST-ZIP LONGWOOD FL 32779	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Sandra Gau* **SANDRA GAU** 4/20/05 407-352-6927  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #