


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90080 042 \*\*\*\*70.00

<b>DOCUMENT # 727142</b>					
1. Entity Name ORLANDO AMATEUR RADIO CLUB, INCORPORATED					
Principal Place of Business 6149 BLUE DUCK LANE 347 ORLANDO, FL 32807 US			Mailing Address P.O. BOX 3262 ORLANDO, FL 32802		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 23-7272924	
Zip		Country		Applied For Not Applicable	
Zip		Country		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		
GAU, SANDRA 6149 BLUE DUCK LANE #47 ORLANDO, FL 32809			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHRHARDT, CHARLES		NAME	OSBURN, Joseph	
STREET ADDRESS	1691 PALM AVE		STREET ADDRESS	605 LAKEVIEW ST	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	ORLANDO FL 32804	
TITLE	VP	<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	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAU, SANDRA		NAME		
STREET ADDRESS	6149 BLUE LANE #47		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32809		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROSSER, HAROLD		NAME	Cohen Morton	
STREET ADDRESS	1017 GAMMAGE PT		STREET ADDRESS	1972 MARTINA St.	
CITY-ST-ZIP	OVEDO, FL 32765		CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	<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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOCERO, ROBERT		NAME		
STREET ADDRESS	3709 PELICAN LANE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32803		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Sandra Gau</u> SANDRA GAU <u>April 4, 2007</u> 407-352-4927					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					