

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727142

FILED
Apr 02, 2009
Secretary of State

Entity Name: ORLANDO AMATEUR RADIO CLUB, INCORPORATED

Current Principal Place of Business:

6149 BLUE DUCK LANE
347
ORLANDO, FL 32807 US

New Principal Place of Business:

1972 MARTINA STREET
APOPKA, FL 32703 US

Current Mailing Address:

P.O. BOX 3262
ORLANDO, FL 32802

New Mailing Address:

FEI Number: 23-7272924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAU, SANDRA
6149 BLUE DUCK LANE #47
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

COHEN, MORTON
1972 MARTINA STREET
APOPKA, FL 32703 US

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.

SIGNATURE: MORTON COHEN

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSBURN, JOSEPH
Address: 605 LAKEVIEW ST
City-St-Zip: ORLANDO, FL 32804

Title: VP () Delete
Name: MEIJERS, PETER
Address: 1643 FIDDLEWOOD CT
City-St-Zip: CASSELBERRY, FL 32707

Title: S () Delete
Name: GAU, SANDRA
Address: 6149 BLUE LANE #47
City-St-Zip: ORLANDO, FL 32809

Title: T () Delete
Name: COHEN, MORTON
Address: 1972 MARTINA ST
City-St-Zip: APOPKA, FL 32703

Title: D () Delete
Name: CUMMING, ROBERT
Address: 1850 E. CROWLEY CIR
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: NOCERO, ROBERT
Address: 3709 PELICAN LANE
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CUMMING, ROBERT
Address: 1850 E. CROWLEY CIR
City-St-Zip: LONGWOOD, FL 32779

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OSBURN, JOSEPH
Address: 605 LAKEVIEW STREET
City-St-Zip: ORLANDO, FL 32804

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MORTON COHEN

TREA

04/02/2009

Electronic Signature of Signing Officer or Director

Date