

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731008

**FILED**  
**Mar 12, 2011**  
**Secretary of State**

**Entity Name:** LAKE AMATEUR RADIO ASSOCIATION, INC.

**Current Principal Place of Business:**

11146 SPRINGDALE AVE.  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

11146 SPRINGDALE AVE.  
LEESBURG, FL 34788 US

**New Mailing Address:**

**FEI Number:** 59-6543242

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REHMAN, DOUG  
19711 STATE ROAD 44  
EUSTIS, FL 32736 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DS  
Name: HEMBY, PAUL  
Address: PO BOX 426  
City-St-Zip: ASTOR, FL 32102

Title: DV  
Name: THAMES, ROBERT L  
Address: 33609 PENNBROOKE PKWY  
City-St-Zip: LEESBURG, FL 34748

Title: PD  
Name: REHMAN, DOUG  
Address: 18950 US HWY 441 #201  
City-St-Zip: MOUNT DORA, FL 32757

Title: TD  
Name: BRANCH, PAUL  
Address: 1246 BELMONT CIRCLE  
City-St-Zip: TAVARES, FL 32778

Title: D  
Name: BUTLER, IRV  
Address: 3145 HILLSIDE LANE  
City-St-Zip: THE VILLAGES, FL 32162

Title: D  
Name: DEPOY, CARL  
Address: 5732 FREEPORT DRIVE  
City-St-Zip: TAVARES, FL 32778

I hereby 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 all other like empowered.

SIGNATURE: DOUG REHMAN

PD

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date