
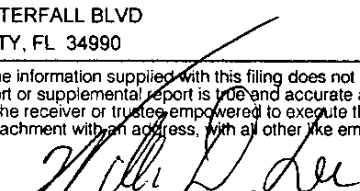


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 09, 2008 8:00 am
Secretary of State

09-09-2008 90001 014 ****70.00

DOCUMENT # 731253 1. Entity Name MARTIN COUNTY AMATEUR RADIO ASSOCIATION, INC.					
Principal Place of Business 1055 SE PONDEROSA RD. STUART, FL 34997			Mailing Address P.O. BOX 1901 STUART, FL 34995		
2. Principal Place of Business - No P.O. Box # 767 SE Misty Meadow Way			3. Mailing Address 767 SE Misty Meadow Way		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Stuart FL		City & State Stuart FL		4. FEI Number 59-2380671	
Zip 34997		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEE, WILLIAM D 1055 SE PONDEROSA RD STUART, FL 34997				7. Name and Address of New Registered Agent Name Lee, William D. Street Address (P.O. Box Number is Not Acceptable) 767 SE Misty Meadow Way City Stuart FL Zip Code 34997	
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 September 12, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D DEACON, NANCY 577 RIVERWAY BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEACON, WILLIAM 577 RIVERWAY BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIRSCH, JEFFREY 3711 SW SUNSET TRACE CIR PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, WILLIAM D 1055 SE PONDEROSA RD STUART, FL 34997 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lee, William D. 767 SE Misty Meadow Way Stuart FL 34997		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHIELDS, DOUG 1450 SE 11TH ST STUART, FL 34996 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAWYER, JOSEPH 1622 WATERFALL BLVD PALM CITY, FL 34990 <input type="checkbox"/> Delete	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 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: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 5 Sept 08				Daytime Phone # 772-462-0978	

40115405



09062008 Chg-NP CR2E037 (12/06)