## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **DOCUMENT # 731293**

CHARLOTTE AMATEUR RADIO SOCIETY, INC.

Principal	Place	of	Rusi	iness

## **FILED** Jan 29, 1999 8:00am **Secretary of State**

01-29-1999 90042 003 \*\*\*\*61.25

Principal Plac	ce of Business	Mailing Address				.				
P O BOX 41: PUNTA GORI	5 DA FL 33951	PUNTA GORDA FL 33951					ACC			
2. Principal f	Place of Business	2a. Mailing Address				3.	Date Incorporated or Qualifed 12/03/1974			
_ ·	uite, Apt. #, etc. Suite, Apt. #, etc.			_	4. FEI Number					Applied For
22					65-0355578			Not Applicable		
City & State City & State						Contiforts of Chat on Donier d			5 Additional	
23		28	28			J.	Certificate of Status Desired		Fee	Required
Zip	Country .	Zip	Zip Country			6. Election Campaign Financing \$5.00 May Be				
24	25 29 3		30				Trust Fund Contribution		Adde	ed to Fees
	<ol> <li>Name and Address of Curre</li> </ol>	nt Registered Agent				10. Name and Address of New Registered Agent				
		•	81	١	lame					
HOETTEL	S, WALTER F		82	-	Street Addres	Address (P.O. Box Number is Not Acceptable)				
28033 W	ESTCHESTER BLVD APT F-207	No. of Contract of		Ľ		duress (F.O. DOX Number is NOt Acceptable)				
	PORT CHARLOTTE FL 33980		83							
				_					1	
,			84		City		•	FL	85   Zi	p Code
SIGNATURE	to the provisions of Sections 617.05 registered agent, or both, in the State im familiar with, and accept the obligation of the state o				nature required wi	vhen rei	instating)	DATE		
TITLE	VP OFFICERS AF	DELETE				A	DDITIONS/CHANGES TO OFFI	JERS AN		
		. DELETE	1.1 TITLE		ĺ		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Chang	e
NAME	JOHNSON, GUICE W.	\$	1.2 NAME							
STREET ADDRESS			1.3 STREET	ADE	DRESS		* 1.50 ART		•	
CITY-ST-ZIP	PUNTA GORDA FL		1.4 CITY-ST	-ZIF	·			•		
TITLE	D	☐ DELETE	2.1 TITLE				•		Chang	e 🗀 Addition
NAME.	ZWEIG, REINHOLD		2.2 NAME							
STREET ADDRESS	4080 HARBOR BLVD		2.3 STREET	ADE	DRESS					
CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-ST	r-ZII	Р		<u></u>			
TITLE	D ·	☐ DELETE	3.1 TITLE						Change	e
NAME		or the state of th	3.2 NAME							
STREET ADDRESS	***************************************	2	3.3 STREET	ADC	DRESS					
CITY-ST-ZIP	PUNTA GORDA FL		3.4. CITY-S1	r-ZIF	Р					
TITLE	Ť	☐ DELETE	4.1 TITLE						Change	e 🔲 Addition
NAME	LIGGETT, JOHN D		4.2 NAME					٠,		
STREET ADDRESS	250 SPRING LAKE BLVD		4.3 STREET	ADO	PRESS			1411	·	
CITY-ST-ZIP	PORT CHARLOTTE FL		4.4 CITY-ST	-ZiP	,			<u> </u>	<u> </u>	
TITLE	D	☐ DELETE	5.1 TITLE						☐ Change	e 🔲 Addition
NAME	ZABORONAK, AL		5.2 NAME		1					
STREET ADDRESS	353 CASALE ST		5.3 STREET	ADO	RESS					
CFTY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST	· ZIP	, [					
πLE	P	☐ DELETE	6.1 TITLE						☐ Change	e 🔲 Addition
NAME	WEATHERLY, ROGER		6.2 NAME				•	_		
STREET ADDRESS			6.3 STREET	ADD	RESS		• •			

PUNTA GORDA FL

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.