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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 736137

1. Corporation Name

METROPOLITAN REPEATER ASSOCIATION, INC.

Principal Place of Business

P. O. BOX 2735
PINELLAS PARK FL 33780

Mailing Address

P. O. BOX 2735
PINELLAS PARK FL 33780



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

06/17/1976

22 City & State

27 City & State

4. FEI Number

59-1708975

Applied For
Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, WAYNE O.
5420 CENTRAL AVENUE
ST. PETERSBURG FL 33701**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BAUSTERT, NATALIE
STREET ADDRESS 5037 88TH AVE
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☒ Addition
V Shalley, Joe
3704 39 St N
St. Petersburg, FL

TITLE S
NAME KATES, ROBERT
STREET ADDRESS 8360 58TH ST
CITY-ST-ZIP PINEALLS PARK FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☒ Addition
D Zimmerman, Wilbur
4724 Lake Charles Way N.
Kenneth City, FL

TITLE T
NAME ADAMS, GARY
STREET ADDRESS 8874 117 ST
CITY-ST-ZIP SEMINOLE FL 33772

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☒ Addition
D Hazell, Willis
14465 Tanglewood Dr N.
Largo, FL

TITLE D
NAME BOYD, JOHN
STREET ADDRESS 2056 VALLEY DR
CITY-ST-ZIP DUNEDIN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☒ Addition
D Paul, Dennis
13918 106 Ave N
Largo, FL

TITLE D
NAME STROUP, GUY
STREET ADDRESS 905 64TH ST W
CITY-ST-ZIP BRADENTON FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☒ Addition
TR Copes, Herbert
5780 98 Terr.
Pinellas Park, FL

TITLE TR
NAME BAUSTERT, GEORGE
STREET ADDRESS 5037 88TH AVE
CITY-ST-ZIP PINELLAS PARK FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☒ Change ☐ Addition
S Baustert, George
5037 88 Ave N
Pinellas Park, 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.

SIGNATURE: *George Adams* 2/28/99 (727)530-8584
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)