


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90114 030 ****61.25

DOCUMENT # 742168 1. Entity Name BEACHES AMATEUR RADIO SOCIETY, INC.					
Principal Place of Business C/O ANNA RAE SANDER 2036 MARACAIBO RD. JACKSONVILLE, FL 32211 US			Mailing Address C/O ANNA RAE SANDER 2036 MARACAIBO RD. JACKSONVILLE, FL 32211 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02172006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANDER, ANNA RAE 2036 MARACAIBO RD. JACKSONVILLE, FL 32211-2020				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 <i>Anna Rae Sander</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Anna Rae Sander</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		4-18-06 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		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	PD RICHARDSON, WYMAN 111 SOLANO RD PONTE VEDRA BEACH, FL 32082			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORWIN, MICHAEL 2906 CANYON FALLS DR JACKSONVILLE, FL 32224			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDER, WILLIAM T 2086 MARAAIBO RD JACKSONVILLE, FL 32211			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANDER, ANNA R 2036 MARACAIBO RD. JACKSONVILLE, FL			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TIATON, BILL 1332 PINEWOOD RD JACKSONVILLE BEACH, FL 32250			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KING, LOU 2407 JETTY CT ATLANTIC BEACH, FL 32233			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tipton			<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: <i>Anna Rae Sander</i>		<i>Anna Rae Sander</i>		4-18-06 904 7240899	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	