

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90456 010 ****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 - No P.O. Box #		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
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 _____ DATE 4-23-07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$61.25 Due by May 1, 2007		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																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARDSON, WYMAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>111 SOLANO RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PONTE VEDRA BEACH, FL 32082</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PD	<input type="checkbox"/> Delete	NAME	RICHARDSON, WYMAN		STREET ADDRESS	111 SOLANO RD		CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
V CORWIN, MICHAEL 2906 CANYON FALLS DR JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
S SANDER, WILLIAM T 2086 MARACAIBO RD JACKSONVILLE, FL 32211			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
TD SANDER, ANNA R 2036 MARACAIBO RD. JACKSONVILLE, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
MGRM TIPTON, BILL 1332 PINEWOOD RD JACKSONVILLE BEACH, FL 32250			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
MGRM KING, LOU 2407 JETTY CT ATLANTIC BEACH, FL 32233			TITLE NAME STREET ADDRESS CITY-ST-ZIP																										
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: <u>Anna Rae Sander</u> Anna Rae Sander 4-23-07 904 724 0899 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													