

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2008 08:00 AM
Secretary of State

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



01092008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SANDER, ANNA RAE
2036 MARACAIBO RD.
JACKSONVILLE, FL 32211-2020

DO NOT WRITE
IN THIS SPACE

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 Anna Rae Sander

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

(NOTE: Registered Agent signature required when renewing)

3-15-08

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000927323
05/20/08-80101-023 61.25

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RICHARDSON, WYMAN
STREET ADDRESS 111 SOLANO RD
CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

TITLE V
NAME CORWIN, MICHAEL
STREET ADDRESS 2806 CANYON FALLS DR
CITY-ST-ZIP JACKSONVILLE, FL 32224

TITLE S
NAME SANDER, WILLIAM T
STREET ADDRESS 2086 MARAAAIBO RD
CITY-ST-ZIP JACKSONVILLE, FL 32211

TITLE TD
NAME SANDER, ANNA R
STREET ADDRESS 2036 MARACAIBO RD.
CITY-ST-ZIP JACKSONVILLE, FL

TITLE MGRM
NAME TIPTON, BILL
STREET ADDRESS 1332 PINWOOD RD
CITY-ST-ZIP JACKSONVILLE BEACH, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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 Anna Rae Sander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-08
Date

9047240899
Daytime Phone #