

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748113 (8)

1. Corporation Name

TAMPA BAY AMATEUR RADIO SOCIETY, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:16

Principal Place of Business

Mailing Address

P O BOX 172533
TAMPA FL 33672-9533

P O BOX 172533
TAMPA FL 33672-9533

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/18/1979

34. Date of Last Report

04/28/1994

4. FBI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 P.O. Box 292464
23 City & State
Tampa Florida
24 Zip
33687-2464 25 Country
USA

26 Suite, Apt. #, etc.
27 P.O. Box 292464
28 City & State
Tampa Florida
29 Zip
33687-2464 30 Country
USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ORAND, BRUCE
4823 FLAMINGO RD
TAMPA FL 33614

81 Name

MIKE FLETCHER

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

3402 ORIENT Rd

83

84 City

TAMPA

FL

85

Zip Code

33619

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Mike Fletcher

MIKE FLETCHER

03/14/95

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
P	ORAND, BRUCE	4823 FLAMINGO RD	TAMPA FL
VP	BUSCHBACHER, JIM	1027 EMERALD DR	BRADON FL
T	GONZALEZ, OMAR	5488 FULMAR DR	TAMPA FL
S	DIANNE, JOHNSON E	704 C ANNIE ST	TAMPA FL
D	LANTZ, BRIAN A	6403 N PADDOCK AVE	TAMPA FL
D	KENSLOW, GARY R	704 E ANNIE ST	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
P	MIKE FLETCHER	3402 ORIENT Rd	TAMPA FL 33619	☒	☐
V	FLOYD JR, Bobby Joe	10012 N 15th Street	TAMPA FL 33612	☒	☐
T	ANDERSON, Macie	35634 Chancey Rd	ZEPHYRHILLS FL 33541-5008	☒	☐
S	ANDERSON, Macie	35634 Chancey Rd.	ZEPHYRHILLS FL 33541-5008	☒	☐
D	ORAND, Bruce	4823 Flamingo Rd	TAMPA FL 33614	☒	☐
T	KENSLOW, Gary R	704 E. Annie St	TAMPA FL 33612	☒	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Macie Anderson

03/14/95

813-780-8252

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

DATE

Telephone Number