

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748113 (8)

1. Corporation Name

TAMPA BAY AMATEUR RADIO SOCIETY, INC.



Principal Place of Business

P O BOX 292464
TAMPA FL 33687-2464
US

Mailing Address

P O BOX 292464
TAMPA FL 33687-2464
US

3. Date Incorporated or Qualified
07/18/1979

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

FLETCHER, MIKE
3402 ORIENT RD
TAMPA FL 33619

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 date (Type & date)

(NOTE: Registered Agent Signature Required When Re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
FLETCHER, MIKE
STREET ADDRESS
3402 ORIENT RD
CITY-STATE-ZIP
TAMPA FL

TITLE ☒ DELETE

NAME
FLOYD, JR. B JOE
STREET ADDRESS
10012 N 15TH STREET
CITY-STATE-ZIP
TAMPA FL

TITLE ☐ DELETE

NAME
ANDERSON, MACIE
STREET ADDRESS
35634 CHANCEY RD
CITY-STATE-ZIP
ZEPHYRHILLS FL

TITLE ☒ DELETE

NAME
ANDERSON, MACIE
STREET ADDRESS
35634 CHANCEY RD
CITY-STATE-ZIP
ZEPHYRHILLS FL

TITLE ☐ DELETE

NAME
ORAND, BRUCE
STREET ADDRESS
4823 FLAMINGO RD
CITY-STATE-ZIP
TAMPA FL

TITLE ☒ DELETE

NAME
KENSLOW, GARY R
STREET ADDRESS
704 E ANNIE ST
CITY-STATE-ZIP
TAMPA FL

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '97

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

☒ Change ☐ Addition

Reynolds, Robert D
8210 St. Peter Ave
Tampa FL 33614

☐ Change ☐ Addition

STAFFORD, Eugene
1504 1/2 E Pal. Fox
Tampa FL 33610

☒ Change ☐ Addition

700001760487
-03/28/96--01025--005
***61.25

☒ Change ☐ Addition

TR
Fletcher, Mike
3402 ORIENT Rd
Tampa FL 33619

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Macie S. Anderson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96

780-8252
Daytime Phone

CR2E037 (12/95)