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FILED

Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

P O BOX 292484  
TAMPA FL 33687-2464  
USP O BOX 292484  
TAMPA FL 33687-2464  
US3. Date Incorporated or Qualified  
07/18/19793a. Date of Last Report  
03/27/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLETCHER, MIKE  
3402 ORIENT RD  
TAMPA FL 33169

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FLETCHER, MIKE	
STREET ADDRESS	3402 ORIENT RD	
CITY - ST - ZIP	TAMPA FL	

TITLE	V	<input type="checkbox"/> DELETE
NAME	REYNOLDS, ROBERT D	
STREET ADDRESS	8210 ST PETER AVENUE	
CITY - ST - ZIP	TAMPA FL 33614	

TITLE	T	<input type="checkbox"/> DELETE
NAME	ANDERSON, MACIE	
STREET ADDRESS	35634 CHANCEY RD	
CITY - ST - ZIP	ZEPHYRHILLS FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	STAFFORD, EUGENE	
STREET ADDRESS	1504-1/2 EAST PALIFOX	
CITY - ST - ZIP	TAMPA FL 33610	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ORAND, BRUCE	
STREET ADDRESS	4823 FLAMINGO RD	
CITY - ST - ZIP	TAMPA FL	

TITLE	TR	<input type="checkbox"/> DELETE
NAME	FLETCHER, MIKE	
STREET ADDRESS	3402 ORIENT ROAD	
CITY - ST - ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

3/27/97

Date

Daytime Phone # 0049418

CR2E037 (9/96)