

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748609

FILED
Apr 29, 2009
Secretary of State

Entity Name: TAMPA AMATEUR RADIO CLUB, INC.

Current Principal Place of Business:

7801 - NORTH 22ND STREET
TAMPA, FL 336101018 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11933
TAMPA, FL 33680 US

New Mailing Address:

FEI Number: 59-2274709

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BODE, WILLIAM E III
14302 CAPITOL DR
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HOUSER, BART
Address: 4101 BAY VISTA AVE
City-St-Zip: TAMPA, FL 33611

Title: TD () Delete
Name: RENTON, IAN
Address: 7504 AMBER CT
City-St-Zip: TAMPA, FL 33634

Title: VPD () Delete
Name: ATTWOOD, HERBT H
Address: 5119 N LINCOLN AVE
City-St-Zip: TAMPA, FL 33614

Title: VDS () Delete
Name: FLOYD, KEATING
Address: 3217 WEST ALENE DRIVE
City-St-Zip: TAMPA, FL 33614

Title: CPD () Delete
Name: BODE III, WILLIAM E
Address: 14302 CAPITOL DRIVE
City-St-Zip: TAMPA, FL 33613

Title: D () Delete
Name: FLETCHER, MICHAEL
Address: 1434 CLARION DR
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: FEUER, CINDY
Address: 629 SOMERSTONE DR
City-St-Zip: VALRICO, FL 33594

Title: VD (X) Change () Addition
Name: FLOYD, KEATING
Address: 3217 WEST ALENE DRIVE
City-St-Zip: TAMPA, FL 33614

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WARD, DAVID
Address: 5830 MEMORIAL HWY, APT 703
City-St-Zip: TAMPA, FL 33615

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E BODE, III

CPD

04/29/2009

Electronic Signature of Signing Officer or Director

Date