

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748609

FILED  
Apr 23, 2012  
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  
Name: HOUSER, BART  
Address: 4101 BAY VISTA AVE  
City-St-Zip: TAMPA, FL 33611

Title: SD  
Name: CRAINE, SETH  
Address: 13515 GREENLEAD DR  
City-St-Zip: TAMPA, FL 33613

Title: TD  
Name: FEUER, CINDY  
Address: 629 SOMERSTONE DR  
City-St-Zip: VALRICO, FL 33594

Title: D  
Name: CONFER, MILFORD M  
Address: 5125 PALM SPRINGS BLVD 4304  
City-St-Zip: TAMPA, FL 33647

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

Title: VPD  
Name: FLETCHER, GLENN M  
Address: 1434 CLARION DR  
City-St-Zip: VALRICO, FL 33594

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM E BODE, III

CPD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date