

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 760778

FILED
Jul 05, 2010
Secretary of State

Entity Name: ZEPHYRHILLS AREA AMATEUR RADIO CLUB, INC.

Current Principal Place of Business:

ZEPHYRHILLS LIONS DEN
5827 DEAN DAIRY RD
ZEPHYRHILLS, FL 335398534 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1534
ZEPHYRHILLS, FL 335398534 US

New Mailing Address:

FEI Number: 59-2180634

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUSSELL, KAY L
38545 GOODLAND DRIVE
ZEPHYRHILLS, FL 33540 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: P
Name: PETERSON, DONLD C
Address: 37021 TUCKER RD. LOT 8
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: S
Name: RUSSELL, JAMES F
Address: 38540 GOODLAND DR.
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: V
Name: BROWN, ROGER C
Address: 38956 STAPLEY CR.
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: T
Name: RUSSELL, KAY L
Address: 38545 GOODLAND DR
City-St-Zip: ZEPHYRHILLS, FL 33540 US

Title: D
Name: LIZOTTE, LEONARD
Address: 37251 CHANCEY RD. LOT 12
City-St-Zip: ZEPHYRHILLS, FL 33543 US

Title: D
Name: AUGUSTAT, WALT
Address: 5041 PENINSULA
City-St-Zip: ZEPHYRHILLS, FL 33541 US

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: KAY L. RUSSELL

T

07/05/2010

Electronic Signature of Signing Officer or Director

Date