

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762097

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** LAKE MONROE AMATEUR RADIO SOCIETY, INC.

**Current Principal Place of Business:**

BOX 151353  
ALTAMONTE SPRINGS, FL 32715

**New Principal Place of Business:**

**Current Mailing Address:**

BOX 151353  
ALTAMONTE SPRINGS, FL 32715

**New Mailing Address:**

**FEI Number:** 59-2359666      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

GAUSZ, ANDREW B  
2519 SWEETWATER TRAIL  
WINTER PARK, FL 32789      US

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: T      ( ) Delete  
Name: LAPETER, AL  
Address: 7564 GLENMOOR LN  
City-St-Zip: WINTER PARK, FL 32792

Title: D      ( ) Delete  
Name: WELCH, MIKE N  
Address: 800 HONEYSUCKLE LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D      ( ) Delete  
Name: CORDEIRO, JOE  
Address: 1673 CANTERBURY  
City-St-Zip: CASSELBERRY, FL 32707

Title: S      ( ) Delete  
Name: PENDERGRASS, JOE  
Address: PO BOX 950370  
City-St-Zip: LAKE MARY, FL 32795

Title: P      ( ) Delete  
Name: GAUSZ, ANDREW B  
Address: 2519 SWEETWATER TR  
City-St-Zip: WINTER PARK, FL 32789

Title: D      ( ) Delete  
Name: POLLACK, BOB  
Address: 3458 SEAGRAPE DRIVE  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: ANDREW B GAUSZ

P

05/01/2008

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

\_\_\_\_\_  
Date