

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 763051

1. Entity Name
FORT MYERS AMATEUR RADIO CLUB, INC.



Principal Place of Business
**3667 KELLY ST
P O BOX 061183 (ZIP: 33906)
FT MYERS, FL 33901**

Mailing Address
**P.O. BOX 061183
FT MYERS, FL 33906**



02132007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2234574

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAMMONS, G E
3667 KELLY ST
FT MYERS, FL 33901**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, LORNA
STREET ADDRESS 1688 S. HERMITAGE RD
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE VD
NAME BRANDA, MIKE
STREET ADDRESS 4580 DIPLOMA CT
CITY-ST-ZIP LEHIGH ACRES, FL 33971

TITLE TD
NAME SAMMONS, GROVE E
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FT MYERS, FL 33901

TITLE SD
NAME SAMMONS, COLLEEN
STREET ADDRESS 3667 KELLY ST
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE D
NAME MARZONIE, DONALD
STREET ADDRESS 1303 SE 34TH ST
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE D
NAME ZIMMER, LAWRENCE
STREET ADDRESS 1719 NW 21ST ST
CITY-ST-ZIP CAPE CORAL, FL 33993

000000638801
02/27/07-80027-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

G. E. Sammons
G. E. Sammons

2-13-07 *239-936-1431*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #