

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90035 041 ****61.25

DOCUMENT # 763550	
1. Entity Name INDIAN RIVER AMATEUR RADIO CLUB, INC.	
Principal Place of Business P.O. BOX 237285 COCOA, FL 32922 US	Mailing Address P.O. BOX 237285 COCOA, FL 32922 US



400041



01092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2745801	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent LUCHUK, STEVE 2345 BACON COURT MERRITT ISLAND, FL 32953

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLLNER, JOSEPH SHEAR, ROBERT 571 PRISCILLA PL MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUCHUK, STEVE 2345 BACON COURT MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELGADO, ARMANDO BALDINI, ERNEST 4800 N. COURTENAY PKWY MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORTON, DAVID GLENN, DAVID 4027 HESS AVE. COCOA, FL 32926
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LEWIS, ROBERT O'NEILL, GREG 4867 MERLOT DR. ROCKLEDGE, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP BALDINI, ERNEST WELDON, CHRIS 245 COUNTRY CLUB DR SUNTREE, FL 32940

**DO NOT WRITE
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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 10, 2008 **(321) 449-8582**
Date Daytime Phone #