2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Feb 11, 2008 08:00 AM DOCUMENT # 764515 1. Entity Name **Secretary of State** WEST VOLUSIA AMATEUR RADIO SOCIETY, INC. Principal Place of Business Mailing Address 730 W. UNIVERSITY AVE. 730 W. UNIVERSITY AVE. DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apr. #, etc. 1st MOORE CR2E037 (10/07) City & State Applied For City & State 4. FEI Number 58-4012017 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SUTHERLAND, DAVID L Street Address (P.O. Box Number is Not Acceptable) 730 W. UNIVERSITY AVE. DELAND FL 32720 City Zip Code 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered argent and the if applicable (NOTE: Registered Agent signature received when remstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Florida Department of State Due By May 1, 2008 Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE ☐ Delate TITLE Change Addition STEVENS, RAYMOND U00000825044 NAME NAME 02/20/08-80103-008 61.25 1445 HENSLEY DRIVE STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY - ST- 7IP CITY - ST - ZW ☐ Change ■ Addition TITLE Deinte TITLE JOHNSON, GUY F NAME HAME 2160 ANNA BELLE LANE STREET ADDRESS STREET ADDRESS DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE -TITLE MCCRARY, CHARLIE NAME NAME STREET ADDRESS 2230 OAK HILL C STREET ADDRESS DELAND FL CITY-ST-ZIP CITY - ST - ZiP VPD Change neitibbA 🔲 TITLE Delete TITLE SUTHERLAND, DAVID L NAME NAME 730 W. UNIVERSITY AVE STREET ADDRESS STREET ADDRESS **DELAND FL** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete neitibbA 🔲 TITE NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CHTY+ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STHEET ADDRESS SCREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Ly Johnson Guy F. JOHNSON 2-6-208 386 734 5443