## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 764515** 

FILED Jan 07, 2009 Secretary of State

Entity Name: WEST VOLUSIA AMATEUR RADIO SOCIETY, INC.

**Current Principal Place of Business: New Principal Place of Business:** 730 W. UNIVERSITY AVE. 2160 ANNABELLE LANE DELAND, FL 32720 DELAND, FL 32720 **Current Mailing Address: New Mailing Address:** 730 W. UNIVERSITY AVE. 2160 ANNABELLE LANE DELAND, FL 32720 DELAND, FL 32720 FEI Number: 58-4012017 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SUTHERLAND, DAVID L JOHNSON, GUY F. 730 W. UNIVERSITY AVE. 2160 ANNABELLE LANE DELAND, FL 32720 DELAND, FL 32720 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: GUY F. JOHNSON 01/07/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition STEVENS, RAYMOND Name: Name: 1445 HENSLEY DRIVE Address: Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition JOHNSON, GUY F Name: Name: Address: 2160 ANNA BELLE LANE Address: City-St-Zip: DELAND, FL 32720 City-St-Zip: Title: () Delete Title: () Change () Addition MCCRARY, CHARLIE Name: Name: 2230 OAK HILL C Address: Address: City-St-Zip: DELAND, FL City-St-Zip: ( ) Delete Title: VPD Title: () Change () Addition Name: SUTHERLAND, DAVID L Name: 730 W. UNIVERSITY AVE Address: Address: City-St-Zip: DELAND, FL 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: GUY F. JOHNSON **TREA** 01/07/2009