2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-13-2004 90038 031 ****61.25

DOCUMENT # 768517

1. Entity Name
HERNANDO COUNTY AMATEUR RADIO ASSOCIATION, INC.

Principal Place of Business	Mailing Address
34186 BERRYHILL RD WEBSTER, FL 33597 US	P.O. BOX 1721 BROOKSVILLE, FL 34605-1721 US

01062004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
205 East FT. Dade Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooksville, FL	City & State
Zip: 34601 Country: US	Zip Country

4. FEI Number: 59-2294283 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRANKLIN, EDWARD 34186 BERRYHILL RD WEBSTER, FL 33597	Name: Nejedlo John J. Street Address (P.O. Box Number is Not Acceptable): 15430 WAXWEED Ave. City: Spring Hill FL Zip Code: 34610

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: John J. Nejedlo, President HCARA
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, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FRANKLIN, EDWARD 34186 BERRYHILL RD WEBSTER, FL 33597	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Nejedlo, John J. 15430 Waxweed Ave Spring Hill FL 34610	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD VELTEN, CHARLES 8029 MONT ROSE AVE BROOKSVILLE, FL 34613	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BOCK, ROBERT 9084 SCEPTER AVE BROOKSVILLE, FL 34613	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD/TD Burns, Robert P. 20403 Gamble Drive Brooksville, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NEJEDLO, JOHN J 15430 WAXWEED AVE SPRING HILL, FL 34610	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Edgerton, DAVE 5467 Emerson Rd. Brooksville, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MIKETINAC, PAT 22165 SNOW HILL RD BROOKSVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Socash, Andy 3815 Goldsmith Rd. Brooksville, FL 34601	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KENT, LEE 900 N BROAD ST BROOKSVILLE, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bennett, Steve P.O. Box 16215 Spring Hill FL 34611	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: John J. Nejedlo, President HCARA 352-686-0522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #