


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2006 8:00 am**  
**Secretary of State**

03-06-2006 90010 015 \*\*\*\*70.00

<b>DOCUMENT # N01000003388</b> 1. Entity Name <b>SPRING HILL AMATEUR RADIO CLUB INC.</b>					
Principal Place of Business <b>P. O. BOX 6083 SRING HILL, FL 34611</b>			Mailing Address <b>P. O. BOX 6083 SRING HILL, FL 34611</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>MACARI, GERARD 4266 STRATFORD CT SPRING HILL, FL 34606</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEZZACAPO, JERRY</b>		NAME	<b>Millendorf, Dave</b>	
STREET ADDRESS	<b>5434 IDLE WEISE CT.</b>		STREET ADDRESS	<b>P.O. Box 5989</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34611</b>	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEITZEL, ROBERT</b>		NAME	<b>Chichester, Mike</b>	
STREET ADDRESS	<b>1369 OVERLAND DRIVE</b>		STREET ADDRESS	<b>4279 Surfside Circle</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MACARI, GERARD</b>		NAME	<b>Mezzacapo, Judy</b>	
STREET ADDRESS	<b>4266 STRATFORD CT.</b>		STREET ADDRESS	<b>5434 Idleweise Ct.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34909</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HEINZEL, BARRY</b>		NAME	<b>Cox, Pam</b>	
STREET ADDRESS	<b>2395 SUMMERCREST LANE</b>		STREET ADDRESS	<b>7461 Bridgewater Ln.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34606</b>		CITY-ST-ZIP	<b>Spring Hill, FL 34606</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCGREW, ALAN</b>		NAME	<b>Boyd, Wayne</b>	
STREET ADDRESS	<b>4620 KEYSVILLE AVE</b>		STREET ADDRESS	<b>11003 Canary Ave.</b>	
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP	<b>Brooksville, FL 34613</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MANUELIAN, KEN</b>		NAME		
STREET ADDRESS	<b>3047 BAYSHORE DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SPRING HILL, FL 34608</b>		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <u>Barry R Heinz</u> <u>BARRY R HEINZEL</u> <u>2/3/06</u> <u>(352) 666.2370</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					