

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthani
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02499** (4)
1. Corporation Name
SOUTH HILLSBOROUGH AMATEUR RADIO KLUB, INC.



Principal Place of Business
**704 PLUMBROOK ROAD
SUN CITY CENTER FL 33573
US**

Mailing Address
**704 PLUMBROOK ROAD
SUN CITY CENTER FL 33573
US**

3. Date Incorporated or Qualified
04/11/1984

3a. Date of Last Report
02/13/1995

2. Principal Place of Business
21 620 GRAN KAYMEN WAY
Suite, Apt. #, etc.
22

2a. Mailing Address
26 620 GRAN KAYMEN WAY
Suite, Apt. #, etc.
27

City & State
23 APOLLO BEACH, FL
City & State
28 APOLLO BEACH, FL

Zip
24 33572 Country
25 USA Zip
29 33572 Country
30 USA

4. FEI Number
59-2949791

Applied For
☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**GREENBERG, IRWIN
704 PLUMBROOK ROAD
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name PICKERING, ALAN
82 Street Address (P.O. Box Number is Not Acceptable) 620 GRAN KAYMEN WAY
83
84 City APOLLO BEACH FL **85 Zip Code 33572**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Alan Pickering* **ALAN PICKERING, TREAS.** **02-12-96**
(NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	O'REILLY, EDWARD	
STREET ADDRESS	2409 LANCASTER DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	306 FAIRCROSS CIRCLE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BOQUEZ, JOHN	
STREET ADDRESS	1836 EAST DEL WEBB BLVD	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PICKERING, ALAN	
STREET ADDRESS	620 GRAN KAYMAN WAY	
CITY-ST-ZIP	APOLLO BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, CHARLES	
STREET ADDRESS	1522 HARTWICK DR	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GREENBERG, IRWIN	
STREET ADDRESS	704 PLUMBROOK ROAD	
CITY-ST-ZIP	SUN CITY CENTER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VIC PRESIDENT
3.3 STREET ADDRESS	PRESTON FILLMON
3.4 CITY-ST-ZIP	1112 RIVERVIEW DRIVE RIVERVIEW, FL 33569
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DIRECTOR
4.3 STREET ADDRESS	RICARDO MEANA
4.4 CITY-ST-ZIP	2612 RIVERBEND DRIVE RUSKIN, FL 33570
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIRECTOR
5.3 STREET ADDRESS	ROBERT PARRIN
5.4 CITY-ST-ZIP	412 STEPHENS ROAD RUSKIN, FL 33570
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIRECTOR
6.3 STREET ADDRESS	HARRY WOLF
6.4 CITY-ST-ZIP	1908 CANTERBURY LANE SUN CITY CENTER, FL 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Alan Pickering* **TREAS. ALAN PICKERING** **02-12-96** (613) 645-5905
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)