

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 23, 2007
Secretary of State

DOCUMENT# N03000000258

Entity Name: NORTH BREVARD AMATEUR RADIO CLUB INC**Current Principal Place of Business:**4743 CAMBRIDGE DRIVE
MIMS, FL 327545462**New Principal Place of Business:****Current Mailing Address:**4743 CAMBRIDGE DRIVE
MIMS, FL 327545462**New Mailing Address:****FEI Number:** 43-1992548**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONES, BOBBY D
4743 CAMBRIDGE DRIVE
MIMS, FL 327545462 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, BOBBY D
Address: 4743 CAMBRIDGE DRIVE
City-St-Zip: MIMS, FL 327545462

Title: D () Delete
Name: SHETLER, HARRY A
Address: 5460 HARRISON RD.
City-St-Zip: MIMS, FL 32754

Title: D () Delete
Name: BLAKEY, CHARLES E
Address: 4205 HICKORY LAKE CT
City-St-Zip: TITUSVILLE, FL 32780

Title: D () Delete
Name: GRAY, NICHOLAS A
Address: 7148 CARILLON AVENUE
City-St-Zip: PORT ST. JOHN, FL 32927

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GRAY, NICHOLAS A
Address: 7148 CARILLON
City-St-Zip: COCOA, FL 32927

Title: D (X) Change () Addition
Name: SCHULTZ, LYLE R
Address: 513 TWIN LAKES DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: D (X) Change () Addition
Name: KEIM, ROBERT N
Address: 4733 ESTRADA LANE
City-St-Zip: MIMS,, FL 32754

Title: D () Change (X) Addition
Name: MERCHANT, RICHARD
Address: PO BOX 5783
City-St-Zip: TITUSVILLE, FL 32783

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: BOBBY D JONES

PD

11/23/2007

Electronic Signature of Signing Officer or Director

Date