

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90032 030 ****61.25

DOCUMENT # N03000006467					
1. Entity Name THE NORTH PORT AMATEUR RADIO CLUB, INCORPORATED					
Principal Place of Business P.O. BOX 7716 NORTH PORT, FL 34287			Mailing Address P.O. BOX 7716 NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address		(N03000006467N)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 14-1893208	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SWIADER, MICHAEL 5669 FAIRLANE DR NORTH PORT, FL 34286			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <u>Michael Swiader</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <u>1-12-04</u> <small>DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SWIADER, MICHAEL 5669 FAIRLANE DR NORTH PORT, FL 34286		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORRIS, WILLIAM 6468 PAN AMERICAN BLVD NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CLARK, NANCY 1438 MAGNOLIA TERR ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD Nicholas SNOVER 4280 Conrad Rd. Venice, FL 34293	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NORRIS, CAROLE 6468 PAN AMERICAN BLVD NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William H Norris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			DATE <u>1/12/04</u> DAYTIME PHONE # <u>941-426-0214</u>		