

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000006467

FILED
Mar 12, 2007
Secretary of State

Entity Name: THE NORTH PORT AMATEUR RADIO CLUB, INCORPORATED

Current Principal Place of Business:

P.O. BOX 7716
NORTH PORT, FL 34287

New Principal Place of Business:

5255 ARLEY RD
NORTH PORT, FL 34288

Current Mailing Address:

P.O. BOX 7716
NORTH PORT, FL 34287

New Mailing Address:

FEI Number: 14-1893208 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SANDERS, ALAN A
1344 MEDITERRANEAN DR
121
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

MOTT, ROBERT W
5255 ARLEY RD
NORTH PORT, FL 34288 US

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: ROBERT W. MOTT

03/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDERS, ALAN A
Address: 1344 MEDITERRANEAN DR #121
City-St-Zip: PUNTA GORDA, FL 33590 US

Title: VD () Delete
Name: SETTLE, JAMES S
Address: 8169 SAN JACINTO AVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: SD () Delete
Name: SNOVER, NICHOLAS
Address: 4280 CONRAD RD.
City-St-Zip: VENICE, FL 34293 US

Title: TD () Delete
Name: PARMENTIER, ALAN O
Address: 670 EL TANGO
City-St-Zip: NORTH PORT, FL 34287 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOTT, ROBERT W
Address: 5255 ARLEY RD
City-St-Zip: NORTH PORT, FL 34288 US

Title: VD (X) Change () Addition
Name: STUBBINS, ROBERT W
Address: 5098 SAN LIUS TERRACE
City-St-Zip: NORTH PORT, FL 34286 US

Title: SD (X) Change () Addition
Name: SETTLE, JAMES R
Address: 8169 SAN JACINTO AVE
City-St-Zip: NORTH PORT, FL 34287 US

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W. STUBBINS

VD

03/12/2007

Electronic Signature of Signing Officer or Director

Date