## 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# N03000006467

FILED Jan 06, 2009 Secretary of State

Entity Name: THE NORTH PORT AMATEUR RADIO CLUB, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

5255 ARLEY RD 8169 SAN JACINTO AVE

NORTH PORT, FL 34288 NORTH PORT, FL 34287 54

Current Mailing Address: New Mailing Address:

P.O. BOX 7716 P.O. BOX 7716

NORTH PORT, FL 34287 NORTH PORT, FL 34290 07

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOTT, ROBERT W SETTLE, JAMES R 8169 SAN JACINTO AVE

NORTH PORT, FL 34288 US NORTH PORT, FL 34287 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: JAMES R. SETTLE 01/06/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 MOTT, ROBERT W
 Name:
 FURNARI, TONY

 Address:
 5255 ARLEY RD
 Address:
 546 TOLEDO ROAD

City-St-Zip: NORTH PORT, FL 34288 US City-St-Zip: NORTH PORT, FL 34287 US

Title: VD ( ) Delete Title: VD (X) Change ( ) Addition

Name: STUBBINS, ROBERT W Name: FLUXE, BARRY G
Address: 5098 SAN LIUS TERRACE Address: 1188 LYLE ST.

City-St-Zip: NORTH PORT, FL 34286 US City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: SD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 SETTLE, JAMES R
 Name:

 Address:
 8169 SAN JACINTO AVE
 Address:

 City-St-Zip:
 NORTH PORT, FL 34287 US
 City-St-Zip:

 Name:
 PARMENTIER, ALAN O
 Name:
 SETTLE, JAMES R

 Address:
 670 EL TANGO
 Address:
 8169 SAN JACINTO AVE

 City-St-Zip:
 NORTH PORT, FL 34287 US
 City-St-Zip:
 NORTH PORT, FL 34287 US

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: JAMES R. SETTLE SD 01/06/2009