

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90081 029 ****61.25



DOCUMENT # N03905
1. Entity Name
CLOVER LEAF AMATEUR RADIO CLUB, INC.

Principal Place of Business Mailing Address
910 NORTH BROAD STREET **910 NORTH BROAD STREET 144**
BROOKSVILLE FL 34601 **BROOKSVILLE FL 34601**
US **US**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E037 (10/04)

4. FEI Number Applied For
59-2312831 Not Applicable

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

6. Name and Address of Current Registered Agent
FALK, LORNE
900 N. BROAD STREET #3104
BROOKSVILLE FL 34601

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FLOYD, HOOVER 3051 LONGFORD LANE BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRINER, THOMAS 3023 CONGFORD LN BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TR KALISCAK, JOHN 4276 MONTGOMERY ST BROOKSVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD WISE, WILLIAM 3067 MEETING HOUSE LN BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	FALK, LORNE 3104 ELLIS CT BROOKSVILLE FL 34601	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD TAYLOR, KENT 4143 MAYO STREET BROOKSVILLE FL 34601	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOOVER, FLOYD 3051 LONGFORD LANE BROOKSVILLE, FL, 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD KRINER, THOMAS 3023 LONGFORD LANE BROOKSVILLE, FL, 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T KALISCAK, JOHN 4276 MONTGOMERY ST BROOKSVILLE, FL, 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WISE, WILLIAM 3067 MEETING HOUSE LN BROOKSVILLE, FL, 34601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TAYLOR, KENT 4143 MAYO STREET BROOKSVILLE, FL, 34601	<input checked="" 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: *Thomas Kriner President* **Thomas KRINER** 2/13/05 352 848 0402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

40026294

NO 3905

10

11

TITLE D
NAME JONES, HAROLD
STREET 4614 ROSEGREEN ST
CITY, ST, ZIP BROOKVILLE, FL.
34601

Handwritten mark