

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03905

FILED
Apr 23, 2009
Secretary of State

Entity Name: CLOVER LEAF AMATEUR RADIO CLUB, INC.

Current Principal Place of Business:

910 NORTH BROAD STREET
BROOKSVILLE, FL 34601 US

New Principal Place of Business:

Current Mailing Address:

910 NORTH BROAD STREET 144
BROOKSVILLE, FL 34601 US

New Mailing Address:

FEI Number: 59-2312831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOOVER, FLOYD M
3051 LONGFORD LANE
BROOKSVILLE, FL 34601 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: FLOYD, HOOVER M
Address: 3051 LONGFORD LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: V () Delete
Name: KRINER, THOMAS A
Address: 3023 LONGFORD LN
City-St-Zip: BROOKSVILLE, FL 34601

Title: T () Delete
Name: KALISCAK, JOHN
Address: 8021 DELLROSE AVE
City-St-Zip: BROOKSVILLE, FL 34613

Title: D () Delete
Name: WISE, WILLIAM
Address: 14167 SWEETSHRUB CT
City-St-Zip: BROOKSVILLE, FL 34613

Title: TD () Delete
Name: HOOVER, FLOYD
Address: 3051 LONGFORD LANE
City-St-Zip: BROOKSVILLE, FL 34601

Title: S () Delete
Name: RAMEY, GENEVIAVE
Address: 4143 TWINGATE AVE
City-St-Zip: BROOKSVILLE, FL 34601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: WISE, WILLIAM
Address: 5009 GEVALIA DR.
City-St-Zip: BROOKSVILLE, FL 34601

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

Title: S (X) Change () Addition
Name: KENT, TAYLOR
Address: 4143 MAYO
City-St-Zip: BROOKSVILLE, FL 34601

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: THOMAS A. KRINER

V

04/23/2009

Electronic Signature of Signing Officer or Director

Date