

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003560

FILED
Apr 22, 2009
Secretary of State

Entity Name: PALMS WEST AMATEUR RADIO CLUB INC.

Current Principal Place of Business:

7936 VIA VILLAGIO
WEST PALM BEACH, FL 33412

New Principal Place of Business:

Current Mailing Address:

7936 VIA VILLAGIO
WEST PALM BEACH, FL 33412

New Mailing Address:

FEI Number: 20-1095147

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PEASE, ROBERT
11894 BRIERPATCH CT.
WELLINGTON, FL 334145903 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: VPD () Delete
Name: BEALS, JEFFREY
Address: 141 CYPRESS TRACE
City-St-Zip: ROYAL PALM BEACH, FL 334114708

Title: PD () Delete
Name: PEASE, ROBERT
Address: 11894 BRIERPATCH CT
City-St-Zip: WELLINGTON, FL 33414

Title: TR () Delete
Name: SAMUELS, JOHN F
Address: 7936 VIA VILLAGIO
City-St-Zip: WEST PALM BEACH, FL 334123136

Title: D () Delete
Name: JEWELER, NORMAN
Address: 13051 8TH ST N
City-St-Zip: ROYAL PALM BEACH, FL 33412

Title: D () Delete
Name: WIESEN, STEVEN R
Address: 12601 ORANGE GROVE BLVD
City-St-Zip: WEST PALM BEACH, FL 33411

Title: S () Delete
Name: CICCONI, DAVID
Address: 15626 71ST PLACE
City-St-Zip: LOXAHATCHEE, FL 33470

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

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

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: JOHN F. SAMUELS

TR

04/22/2009

Electronic Signature of Signing Officer or Director

Date