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Jan 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N04740 (9)

1. Corporation Name

SOUTH BREVARD AMATEUR RADIO CLUB, INCORPORATED



Principal Place of Business

PO BOX 2205
MELBOURNE FL 32902-2205

Mailing Address

PO BOX 2205
MELBOURNE FL 32902-2205

3. Date Incorporated or Qualified
08/17/1984

3a. Date of Last Report
03/11/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2455310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

NEWKIRK, WILLIAM E.
3151 S BABCOCK ST #70
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME SCHULTZE, DONALD B.
STREET ADDRESS 598 VIOLET AVE
CITY-ST-ZIP PALM BAY FL

☐ DELETE

TITLE PD
NAME NEWKIRK, WILLIAM E.
STREET ADDRESS 3151 S BABCOCK ST #70
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE SD
NAME BELL, GEORGE M
STREET ADDRESS 630 GEORGIA AVE.
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE TD
NAME MCGUIRE, FRANK
STREET ADDRESS 105 E PRIMROSE LANE
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE D
NAME KELLY, THOMAS
STREET ADDRESS 3136 ALABAMA DR.
CITY-ST-ZIP MELBOURNE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
1.2 NAME LEO V. GILLETTE
1.3 STREET ADDRESS LAWRENCE LUNDY
1.4 CITY-ST-ZIP 16 PEPPER DRIVE 1785 VIA ROMA
MELBOURNE, FL 32934 MERRITT ISL FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ~~VICE PRES~~ TREASURER ☒ Change ☐ Addition
4.2 NAME LEO V. GILLETTE
4.3 STREET ADDRESS 16 PEPPER DRIVE
4.4 CITY-ST-ZIP MELBOURNE, FL 32934

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM E. NEWKIRK

1/7/97 (407) 724-6183

Date

Daytime Phone # 0018553

CR2E037 (9/96)