


FILE NOW: FILING FEE IS \$61.25

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Feb 12 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N04740** (9)  
1. Corporation Name  
**SOUTH BREVARD AMATEUR RADIO CLUB, INCORPORATED**



Principal Place of Business	Mailing Address
<b>PO BOX 2205 MELBOURNE FL 32902-2205</b>	<b>PO BOX 2205 MELBOURNE FL 32902-2205</b>

3. Date Incorporated or Qualified <b>08/17/1984</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
4. FEI Number <b>59-2455310</b>	Not Applicable <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29 Zip	30 Country

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	VP	<input checked="" type="checkbox"/> DELETE
NAME	<b>LUNDY, LAWRENCE</b>	
STREET ADDRESS	<b>1785 VIA ROMA</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>NEWKIRK, WILLIAM E.</b>	
STREET ADDRESS	<b>3151 S BABCOCK ST #70</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>BELL, GEORGE M</b>	
STREET ADDRESS	<b>630 GEORGIA AVE.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	<b>GILLETTE, LEO V</b>	
STREET ADDRESS	<b>16 PEPPER DRIVE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>KELLY, THOMAS</b>	
STREET ADDRESS	<b>3136 ALABAMA DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DONALD B. SCHULTZ</b>	
1.3 STREET ADDRESS	<b>598 VIOLET AVE.</b>	
1.4 CITY-ST-ZIP	<b>PALM BAY FL 32907</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>LAWRENCE LUNDY</b>	
4.3 STREET ADDRESS	<b>1785 VIA ROMA</b>	
4.4 CITY-ST-ZIP	<b>MERRITT ISLAND, FL 32952</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: *William E. Lundy* **JANUARY 6, 1998** H (407) 724-6183 (407) 768-7020

CP2E037 (10/97)