2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2009
Secretary of State

DOCUMENT# N05000001660

Entity Name: SPORTSMAN'S PARADISE AMATEUR RADIO CLUB, INC.

Current Principal Place of Business:

236 TAFFLINGER RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

20D GUINEVERE LN
CRAWFORDVILLE, FL 32327

Current Mailing Address:

POB 1840
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number: 65-1273456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOORE, GREG
236 TAFFLINGER RD
CRAWFORDVILLE, FL 32327 US

Name and Address of New Registered Agent:

GARRISON, WARNER
20D GUINEVERE LN
CRAWFORDVILLE, FL 32327 US

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: WARNER GARRISON 06/29/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REYNOLDS, JOHN
Address: 14 OBEDIAH TRIPLETT RD
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: V ( ) Delete
Name: PALYGI, ED
Address: 160 MAGNOLIA RIDGE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: S ( ) Delete
Name: EAKIN, PAUL
Address: P.O. BOX 625
City-St-Zip: PANACEA, FL 32346

Title: T ( ) Delete
Name: GARRISON, WARNER P
Address: 2149 SHADEVILLE RD
City-St-Zip: CRAWFORDVILLE, FL 32327

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: T (X) Change ( ) Addition
Name: GARRISON, WARNER P
Address: 20D GUINEVERE LN
City-St-Zip: CRAWFORDVILLE, FL 32327

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: WARNER GARRISON T 06/29/2009
Electronic Signature of Signing Officer or Director Date