2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N06000010032

1. Entity Name

PALMETTO AMATEUR RADIO CLUB OF BROWARD COUNTY INC.



Principal Place of Business

823 SW 29TH ST., APT #1 FT LAUDERDALE, FL 33315 US Mailing Address

823 SW 29TH ST., APT #1 FT LAUDERDALE, FL 33315 US

JS

FILED
Mar 10, 2008 08:00 AN
Secretary of State



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

03052008 No Chg-NP CR2E037 (4/06)

FEI Number
 20-5601700

 Certificate of Status Desired

Applied For Not Applicable

S8.75 Additional Fee Required

BRODERICK, ROBERT JR 823 SW 29TH STREET APT #1 FT LAUDERDALE, FL 33315

DO NOT WRITE IN THIS SPACE

Kabert P. Broderick Jr. 3/5/2008 9545246 as,

8. 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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argunture required when partitating) DATE						
time to a to to to to		Election Campaign Finance Trust Fund Contribution.	ing 🗆	\$5.00 May Be Added to Fees	U000000854043 03/26/08-80092-019 61.25	
10. OFFICERS AND DIRECTORS						
TITLE	Р					
NAME	ANNESE, ANTHONY					
STREET ADDRESS	2974 SW 17TH STREET					
CITY-ST-ZIP	FT LAUDERDALE, FL 33312					
TITLE	VP					
NAME	BRODERICK, ROBERT JR.		•			
STREET ADDRESS	823 SW 29TH ST APT 1					
CITY-ST-ZIP	FT. LAUDERDALE, FL 33312					
TITLE	Т					
NAME	FABIAN, JUDI				;	
STREET ADDRESS	9230 NW 24TH STREET			DO	NOT WRITE	
CITY-ST-ZIP	SUNRISE, FL 33322					
TITLE	S			· IN	THIS SPACE	
NAME	MICHALOSKY, GARY 5933 W HILLSBORO BLVD #139					
STREET ADDRESS						
CITY-ST-ZIP	PARKLAND, FL 33067					
TITLE						
NAME						
STREET ADDRESS CITY-ST-ZIP						
						
TITLE						
NAME CODECT ADDRESS						
STRFET ADDRESS CITY-ST-ZIP						
•	1	tion does not suplify for the sur-		ateined in Chapter 1:	10. Clorida Statutes, I further cartify that the information	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with exactoress, with all other like empowered.						