


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N06005 1. Entity Name FLORIDA REPEATER COUNCIL, INC.	
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Principal Place of Business 6280 FAIRFIELD AVE SO SAINT PETERSBURG, FL 33707	Mailing Address 6280 FAIRFIELD AVE SO SAINT PETERSBURG, FL 33707
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DO NOT WRITE IN THIS SPACE



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number 52-1570536	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  RODAKIS, DANA 6280 FAIRFIELD AVE SO SAINT PETERSBURG, FL 33707
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC RODAKIS, DANA 6280 FAIRFIELD AVE SO SAINT PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BICKHAM, IRA R. 260 TIKI DRIVE MERRITT ISLAND, FL 32953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, NILO 10833 SW 142 COURT MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C BUSH, MATTHEW 13519 MARQUETTE BOULEVARD FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTLER, FRANK 323 ELLIOTT RD., SE FT. WALTON BCH., FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KASSIS, RAYMOND 1150 W KING STREET COCOA, FL 32922

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an address, with all other like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 1/22/04 Daytime Phone #: 727 434 455
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