

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 10, 2009
Secretary of State**

DOCUMENT# N07000004169

Entity Name: PUTNAM COUNTY AMATEUR RADIO CLUB INC.

Current Principal Place of Business:

6325 MAGNOLIA ST.
KEYSTONE HEIGHTS, FL 32656 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1447
INTERLACHEN, FL 321481447 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERRY, EDWYN A
6325 MAGNOLIA ST.
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: SANDBORN, THOMAS L PRES
Address: PO BOX 845 157 JANCIE DR
City-St-Zip: HOLLISTER, FL 32147 US

Title: MR () Delete
Name: PERRY, EDWYN A VP
Address: 6325 MAGNOLIA ST
City-St-Zip: KEYSTONE HEIGHTS, FL 32656 US

Title: MR () Delete
Name: WILLIAMS, HOWARD J TRES
Address: 198 VIOLET CIRCLE
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MR (X) Delete
Name: WOODS, ROGER D SECY
Address: 206 ZEAGLER DR
City-St-Zip: PALATKA, FL 32177 US

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: () Change () Addition
Name:
Address:
City-St-Zip:

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: EDWYN A PERRY

VP

03/10/2009

Electronic Signature of Signing Officer or Director

Date