2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N08000005255

Entity Name: COCOA AMATEUR RADIO SOCIETY, INC.

Current Principal Place of Business:

1150 WEST KING STREET
COCOA, FL 32922

New Principal Place of Business:

Current Mailing Address:

1150 WEST KING STREET
COCOA, FL 32922

New Mailing Address:

FEI Number: 80-0196836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

EDMONDSON, GLENN G
6555 GOLFVIEW AVE.
COCOA, FL 32927 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: P ( ) Delete
Name: EDMONDSON, GLENN G
Address: 6555 GOLFVIEW AVE.
City-St-Zip: COCOA, FL 32927

Title: DT ( ) Delete
Name: KASSIS, RAY
Address: 1150 W. KING ST.
City-St-Zip: COCOA, FL 32922

Title: VP ( ) Delete
Name: SHELTER, ARCHIE
Address: 5460 HARRISON ROAD
City-St-Zip: MIMS, FL 32754

Title: ST ( ) Delete
Name: SHETLER, HARRY
Address: 5460 HARRISON ROAD
City-St-Zip: MIMS, FL 32754

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: GLENN G EDMONDSON P 06/22/2009

Electronic Signature of Signing Officer or Director — Date