

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N09073** (0)  
1. Corporation Name  
**FLORIDA AMATEUR DIGITAL COMMUNICATIONS ASSOCIATI  
ON, INC.**



Principal Place of Business Mailing Address  
**%GWYN REEDY**  
**644 FLAMINGO DRIVE**  
**APOLLO BEACH FL 33572-2411**  
**P.O. BOX 942**  
**DADE CITY FL 33526**

3. Date Incorporated or Qualified **05/06/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21 <b>13951 7th Street</b> Suite, Apt. #, etc. 22 <b>Suite 11</b> City & State 23 <b>Dade City, FL</b> Zip 24 <b>33525</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>USA</b>	4. FEI Number <b>59-2576040</b> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

**REEDY, GWYN**  
**812 CHILDERS LOOP**  
**BRANDON FL 33511**

81 Name **Robert W. Owens**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**13951 7th Street Suite 11**  
83  
84 City **Dade City** **FL** 85 Zip Code **33525**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Robert W. Owens**

**2-19-96**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MATLUK, AL</b> <b>1817 BUCANEER TERRACE</b> <b>SARASOTA FL</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>D</b> <b>Sinbine, William J.</b> <b>17275 Hammock Ln</b> <b>Fort Olerce, FL 34988</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ODER, RUSS</b> <b>564 BOWIE BLVD.</b> <b>ORANGE CITY FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>D</b> <b>Decker, Harry W.</b> <b>42 S. Tyler Ave.</b> <b>Orlando, FL 32811</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>OWENS, ROBERT W.</b> <b>37941 MERIDIAN AVE</b> <b>DADE CITY FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>D S T</b> <b>Owens, Robert W.</b> <b>13951 7th Street Suite 11</b> <b>Dade City, FL 33525</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KUNTZ, JOSEPH</b> <b>1271 S.W. 13TH PLACE</b> <b>BOCA RATON FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<b>D</b> <b>MacDonald, Thomas H.</b> <b>255 Durian Rd</b> <b>Venice, FL 34293</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>D</b> <b>Verhovec, Andrew A.</b> <b>4143 Spring Glen Rd</b> <b>Jacksonville, FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert W. Owens Sec/Treas 2-19-96 (352) 567-3378**

Date

Daytime Phone #

CR2E037 (12/95)