

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09073

FILED
Jul 05, 2006
Secretary of State

Entity Name: FLORIDA AMATEUR DIGITAL COMMUNICATIONS ASSOCIATION, INC.

Current Principal Place of Business:

1131 ABADY CT
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1131 ABADY CT
DELTONA, FL 32725 US

New Mailing Address:

FEI Number: 59-2576040 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

THOMPSON, LOREN E
1131 ABADY CT
DELTONA, FL 32725 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: PD () Delete
Name: SINBINE, WILLIAM J.
Address: 17275 HAMMOCK LANE
City-St-Zip: FORT PIERCE, FL 34987

Title: VD () Delete
Name: WELCKER, DOUGLAS G
Address: 6660 KATHERINE ROAD
City-St-Zip: WEST PALM BEACH, FL 33413

Title: STD () Delete
Name: THOMPSON, LOREN E
Address: 1131 ABADY CT
City-St-Zip: DELTONA, FL 32725 US

Title: D () Delete
Name: ODER, RUSSELL G
Address: 564 BOWIE BLVD.
City-St-Zip: ORANGE PARK, FL 32073

Title: D () Delete
Name: HAST, WILLIAM C
Address: P.O. BOX 15772
City-St-Zip: TAMPA, FL 33684

Title: D () Delete
Name: FERRELL, DOUGLAS B
Address: 3123 LOUISE ST
City-St-Zip: TALLAHASSEE FL, FL 32304 27

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WELCKER, DOUGLAS G
Address: 6660 KATHERINE ROAD
City-St-Zip: WEST PALM BEACH, FL 33413 US

Title: VD (X) Change () Addition
Name: CHRIST, DOUGLAS R
Address: 1593 NE LIVINGSTON STREET
City-St-Zip: ARCADIA, FL 34266 US

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 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: LOREN E. THOMPSON

STD

07/05/2006

Electronic Signature of Signing Officer or Director

Date