

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09073

FILED  
Jun 15, 2009  
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: CHRIST, DOUGLAS R  
Address: 1593 NE LIVINGSTON STREET  
City-St-Zip: ARCADIA, FL 34266 US

Title: VD ( ) Delete  
Name: DELONG, JERALD A JR  
Address: 2737 ENTERPRISE RD E 151  
City-St-Zip: CLEARWATER, FL 33759 US

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

Title: D ( ) Delete  
Name: ERNEST, COOK R JR  
Address: 2 BAYARD ST  
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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

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

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: LOREN E. THOMPSON

STD

06/15/2009

Electronic Signature of Signing Officer or Director

Date