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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N27194** (2)

1. Corporation Name

**AMATEUR RADIO CLUB OF BRADFORD AREA, INC.**

Principal Place of Business

Mailing Address

**C/O TONY SPATAFORE  
PO BOX 852  
STARKE FL 32091  
US****C/O TONY SPATAFORE  
PO BOX 852  
STARKE FL 32091-0852  
US**3. Date Incorporated or Qualified  
**06/28/1988**3a. Date of Last Report  
**02/07/1996**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐**\$5.00** May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICKERSON, BENJAMIN F.  
1421 SOUTH WATER STREET  
STARKE FL 32091**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE**D  
GOWANS, EDITH  
129 SO PARKER STR  
STARKE FL**1.1 TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIP1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE ☐ DELETE**D  
SPATAFORE, TONY  
PO BOX 852 NA  
STARKE FL**2.1 TITLE ☐ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIP2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE ☐ DELETE**D  
FRANCIS, LAVERETT  
3 SE 62 PL  
KEYSTONE HTS FL**3.1 TITLE ☒ Change ☐ AdditionNAME  
STREET ADDRESS  
CITY - ST - ZIP3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE ☐ DELETENAME  
STREET ADDRESS  
CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

TREAS/BIR

Date

Daytime Phone # 352 473 3511

CR2E037 (9/96)