

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # N35954

1. Entity Name
TWIN CITIES AMATEUR RADIO CLUB, INC.



Principal Place of Business

% BRADLEY J. MAFFEI
406 TIGER POINT DRIVE
NICEVILLE, FL 32578 US

Mailing Address

% BRADLEY J. MAFFEI
406 TIGER POINT DR
NICEVILLE FL, 32578 US



03252007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2985839

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAFFEI, BRADLEY J.
406 TIGER POINT DRIVE
NICEVILLE, FL 32578

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MAFFEI, BRADLEY J.
STREET ADDRESS 406 TIGER POINT DR
CITY-ST-ZIP NICEVILLE FL, 32578

TITLE D
NAME ANDERSON, HOWARD T.
STREET ADDRESS 58 HIDDEN COVE
CITY-ST-ZIP VALPARAISO, FL

TITLE D
NAME MIKLES, CHRISTIAN I.
STREET ADDRESS 425 GOVERNMENT ST
CITY-ST-ZIP VALPARAISO, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000696813
04/18/07-80014-009 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bradley J Maffei Bradley J Maffei

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-07

Date

850-678-7777

Daytime Phone #