2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35954

FILED Apr 04, 2009 Secretary of State

Entity Name: TWIN CITIES AMATEUR RADIO CLUB, INC.

Current Principal Place of Business: New Principal Place of Business:

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

New Mailing Address: Current Mailing Address:

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

FEI Number: 59-2985839 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

MAFFEI, BRADLEY J. MAFFEI, BRADLEY J. Name: Name: 406 TIGER POINT DR Address: 406 TIGER POINT DRIVE Address: City-St-Zip: NICEVILLE FL, 32578 City-St-Zip: NICEVILLE, FL 32578 US

Title: () Delete Title: (X) Change () Addition Name:

ANDERSON, HOWARD T. Name: ANDERSON, HOWARD T. Address: **58 HIDDEN COVE** Address: 58 HIDDEN COVE

City-St-Zip: VALPARAISO, FL City-St-Zip: VALPARAISO, FL 32580 US

Title: () Delete Title: (X) Change () Addition MIKLES, CHRISTIAN I. Name: MIKLES, CHRISTIAN I. Name:

425 GOVERNMENT ST 425 GOVERNMENT ST Address: Address: City-St-Zip: VALPARAISO, FL City-St-Zip: VALPARAISO, FL 32580 US

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: MAFFEI, BRADLEY J. D 04/04/2009