

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # N37158 1. Entity Name ORANGE PARK AMATEUR RADIO CLUB, INCORPORATED			
Principal Place of Business C/O LAWRENCE J. FILZEN 13 ROBIN ROAD ORANGE PARK, FL 32073		Mailing Address P.O. BOX 1029 ORANGE PARK, FL 32067-1029 US	
DO NOT WRITE IN THIS SPACE			
5. Name and Address of Current Registered Agent FILZEN, LAWRENCE J. 13 ROBIN ROAD ORANGE PARK, FL 32073		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 <u>Filzen, Lawrence J.</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JACOBS, JAKE 2185 DEER RUN LANE ORANGE PARK, FL 320037835	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CATES, FRANK 3478 SHENANDOAH DR W ORANGE PARK, FL 320656832		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WARNOCK, JOE 2539 IRONWOOD CT ORANGE PARK, FL 320656263		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANGBORN, CAROL 218 BEECHWOOD CT ORANGE PARK, FL 320732710		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELMORE, DAVID 1866 BRISTOL PLACE ORANGE PARK, FL 320735270		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWER, BARNEY 4000 APPALOOSA RD MIDDLEBURG, FL 320683702		
12. I 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 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: <u>Carol Pangborn, Treasurer</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>3/28/05</u> Daytime Phone #: <u>904-264-9663</u>	



01172005 No Chg-NP CR2E037 (10/03)

4. FEI Number **59-0721849** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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03/29/05-80009-005 61.25