



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90017 049 \*\*\*\*61.25

<b>DOCUMENT # N42675</b> <b>1. Entity Name</b> THE TALLAHASSEE AMATEUR RADIO SOCIETY, INCORPORATED			
<b>Principal Place of Business</b> C/O KENT HUTCHINSON 911 SAN LUIS RD. TALLAHASSEE, FL 32304		<b>Mailing Address</b> C/O KENT HUTCHINSON 911 SAN LUIS RD. TALLAHASSEE, FL 32304	
<b>2. Principal Place of Business - No P.O. Box #</b> C/O LARRY M. PUSHOR Suite, Apt. #, etc. 974 PARK VIEW DRIVE City & State Tallahassee, Florida Zip 32311 Country Leon		<b>3. Mailing Address</b> C/O LARRY M. PUSHOR Suite, Apt. #, etc. 974 PARK VIEW DRIVE City & State Tallahassee, Florida Zip 32311 Country Leon	
			
		03042008    Chg-NP    CR2E037 (12/06)	
<b>4. FEI Number</b> 59-3121146		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HUTCHINSON, KENT B 911 SAN LUIS RD. TALLAHASSEE, FL 32304		<b>7. Name and Address of New Registered Agent</b> Name LARRY M. PUSHOR Street Address (P.O. Box Number is Not Acceptable) 974 PARK VIEW DRIVE City TALLAHASSEE    FL    Zip Code 32311	
<b>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.</b>			
SIGNATURE <u>LARRY M. PUSHOR, TREASURER</u> DATE <u>4-9-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE	TD WELLS, CARLTON W 10865 TRAM ROAD TALLAHASSEE, FL 32311 <input checked="" type="checkbox"/> Delete	TITLE	TD PUSHOR, LARRY M. 974 PARK VIEW DRIVE TALLAHASSEE, FL. 32311 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VD MONIZ, DANIEL 6244 HINES HILL CIR TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete	TITLE	PD MONIZ, DANIEL 6244 HINES HILL CIRCLE TALLAHASSEE, FL. 32312 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	SD LOVE, JOHN W 2809 ARMAGH CT TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE	SD BLANTON, CHANTAL 466 RAYMOND ROAD HAVANA, FL. 32333 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	PD SWINDEL, JOHN 6624 KINGMAN TRAIL TALLAHASSEE, FL 32309 <input checked="" type="checkbox"/> Delete	TITLE	VD TORLEDSKY, ALAN 3560 DOBWOOD VALLEY TRAIL TALLAHASSEE, FL. 32312 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>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.</b>			
<b>SIGNATURE:</b> <u>LARRY M. PUSHOR, TREASURER</u> DATE <u>4-9-08</u> PHONE <u>850-878-7473</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Daytime Phone #</small>			