## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42675

FILED Apr 12, 2009 Secretary of State

Entity Name: THE TALLAHASSEE AMATEUR RADIO SOCIETY, INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** C/O LARRY M. PUSHOR C/O LARRY M. PUSHOR 974 PARK VIEW DRIVE 974 PARK VIEW DRIVE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 US **Current Mailing Address:** New Mailing Address: C/O LARRY M. PUSHOR C/O LARRY M. PUSHOR 974 PARK VIEW DRIVE 974 PARK VIEW DRIVE TALLAHASSEE, FL 32311 TALLAHASSEE, FL 32311 US FEI Number: 59-3121146 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: PUSHOR, LARRY M 974 PARK VIEW DRIVE TALLAHASSEE, FL 32311 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PUSHOR, LARRY M Name: Name: 974 PARK VIEW DRIVE Address: Address: City-St-Zip: TALLAHASSEE, FL 32311 US City-St-Zip: Title: PD () Delete Title: PD (X) Change ( ) Addition Name: MONIZ, DANIEL Name: MONIZ, DANIEL Address: 6244 HINES HILL CIRCLE Address: 6244 HINES HILL CIRCLE City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 US Title: () Delete Title: SD (X) Change ( ) Addition BLANTON, CHANTAL BLANTON, CHANTAL Name: Name: 466 RAYMOND ROAD 466 RAYMOND ROAD Address: Address: City-St-Zip: HAVANA, FL 32333 City-St-Zip: HAVANA, FL 32333 US ( ) Delete Title: VD Title: VD (X) Change ( ) Addition TORLEDSKY, ALAN TORLEDSKY, ALAN Name: Name: 3560 DOGWOOD VALLEY TRAIL 3560 DOGWOOD VALLEY TRAIL Address: Address: City-St-Zip: TALLAHASSEE, FL 32312 City-St-Zip: TALLAHASSEE, FL 32312 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: LARRY M. PUSHOR TD 04/12/2009