


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90095 003 ****61.25

DOCUMENT # N95000003268			
1. Entity Name PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 7461 PORT ST. LUCIE, FL 34985-9998		Mailing Address P.O. BOX 7461 PORT ST. LUCIE, FL 34985-9998	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BEVAN, CYRIL 2589 SW IMPORT DRIVE PORT SAINT LUCIE, FL 34987		Name <u>Fields, Sherwin</u> Street Address (P.O. Box Number is Not Acceptable) <u>5820 NW Begonia Ave</u> <u>PORT ST. LUCIE</u> City FL Zip Code <u>34986</u>	
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>Sherwin Fields</u>		DATE <u>4/4/07</u>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Terry, James L. 442 SE Verada Ave PORT ST. LUCIE FL 34983 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRY, JAMES L 442 SE VERADA AVE PORT SAINT LUCIE, FL 34983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President COX, ROY 412 NW CORNELL AVE PORT ST. LUCIE FL 34983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BEVAN, CYRIL 2589 SW IMPORT DR PORT SAINT LUCIE, FL 34987 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Fields, Sherwin D. 5820 NW Begonia Ave PORT ST. LUCIE FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JAY E P.O. BOX 61 STUART, FL 34995 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary SMITH, George 8222 Sandpine Cir PORT ST. LUCIE FL 34952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDS, SHERWIN D 5820 NW BEGONIA AVE PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MAXWELL, Jeff 6008 NW FAVIAN AVE PORT ST. LUCIE FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MACLEOD, JOHN P 4 SANTA CRUZ WAY PORT ST. LUCIE FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Sherwin Fields</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>SHERWIN FIELDS</u>	
		Date <u>4/4/07</u> Daytime Phone # <u>772-359-7781</u>	

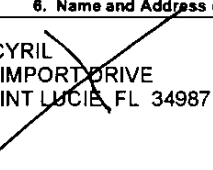
40055148



04042007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0452015 Applied For Not Applicable

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



Sherwin Fields

4/4/07

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Make check payable to Florida Department of State

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SIGNATURE: Sherwin Fields SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SHERWIN FIELDS Date 4/4/07 Daytime Phone # 772-359-7781