

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003268

FILED
Apr 07, 2009
Secretary of State

Entity Name: PORT ST. LUCIE AMATEUR RADIO ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 7461
PORT ST. LUCIE, FL 349859998

New Principal Place of Business:

295 NW PRIMA VISTA BLVD
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

P.O. BOX 7461
PORT ST. LUCIE, FL 349859998

New Mailing Address:

PO BOX 7461
PORT ST. LUCIE, FL 34985 US

FEI Number: 65-0452015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FIELDS, SHERWIN
5820 NW BEGONIA AVE
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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:

Title: P () Delete
Name: LOWMAN, STEVE
Address: 672 NE OWLS NEST CT
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P () Delete
Name: TERRY, JAMES L
Address: 442 SE VERADA AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: SMITHLER, GEORGE
Address: 8222 SAND PINE CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: SMITH, JAY E
Address: P.O. BOX 61
City-St-Zip: STUART, FL 34995

Title: T () Delete
Name: FIELDS, SHERWIN D
Address: 5820 NW BEGONIA AVE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: BEVAN, CYRIL
Address: 2589 SW IMPORT DR
City-St-Zip: PORT SAINT LUCIE, FL 34987

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SINCLAIR, DONN
Address: 4152 MUNCIE ST
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S (X) Change () Addition
Name: COOK, LARRY
Address: 117 NE SAGAMORE TERR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WARD, HENRY
Address: 1567 SW ABINGTON AVE
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: SHERWIN FIELDS

T

04/07/2009

Electronic Signature of Signing Officer or Director

_____ Date