

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 010 ****61.25

DOCUMENT # N96000002012

1. Entity Name
THE FRIENDSHIP AMATEUR RADIO CLUB, INC.



Principal Place of Business
**9470 SW 208 CIRCLE
DUNNELLON, FL 34431 US**

Mailing Address
**9470 SW 208 CIRCLE
DUNNELLON, FL 34431 US**

40090100



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3424069

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LUKAS, LEONARD P
9470 SW 208 CIRCLE
DUNNELLON, FL 34431**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **DP** ☐ Delete
NAME **SIMPSON, KENNETH**
STREET ADDRESS **8400 NW 115 AVE**
CITY-ST-ZIP **OCALA, FL 344821014**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HAWKINS, DOUGLAS**
STREET ADDRESS **10855 SW 45 TERR**
CITY-ST-ZIP **OCALA, FL 34482**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **LUKAS, LEONARD P**
STREET ADDRESS **9470 SW 208 CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☒ Delete
NAME **SPARKS, TERRY**
STREET ADDRESS **7834 SW 186 CIRCLE**
CITY-ST-ZIP **DUNNELLON, FL 34432**

TITLE ☐ Change ☒ Addition
NAME **DS HAROLD WOOD**
STREET ADDRESS **2601 SE 8TH AVE**
CITY-ST-ZIP **OCALA, FL 34471**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Leonard P. Lukas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2007

352-465-3697

Date

Daytime Phone #