2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 24, 2008 8:00 am Secretary of State DOCUMENT # N96000002012 04-24-2008 90111 040 ****61.25 THE FRIENDSHIP AMATEUR RADIO CLUB, INC. Principal Place of Business Mailing Address 9470 SW 208 CIRCLE 9470 SW 208 CIRCLE DUNNELLON, FL 34431 US DUNNELLON, FL 34431 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 8386 SW 82 MG CreckE 8386 SW Suite, Apt. #, etc. Suite, Apt. #, etc. 04182008 CR2E037 (12/06) Chg-NP 4. FEI Number 59-3424069 Applied For City & State City & State DCALA OCPLA Not Applicable USA Zip 3448. 1102 Country Country \$8.75 Additional 5. Certificate of Status Desired П MARKION ארי שנ אמנט Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHARLES Mi VARTARIAN LUKAS, LEONARD P Street Address (P.O. Box Number is Not Acceptable) 9470 SW 208 CIRCLE DUNNELLON, FL 34431 8386 SW 82 Nd CIRCLE 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 (NOTE: Registered Agent signature required when reinstating) Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2008 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. LUKAS CHARLES A. JR Change 7912 Seu 186 CIRCLE TITLE Delete TITLE SIMPSON, KENNETH MALE NAME : STREET ADDRESS 8400 NW 115 AVE STREET ADDRESS DUNNEllon, FL 34432 CHY-ST-ZP OCALA, FL 344821014 CITY-ST-ZP Addition DV ☐ Change Delete NTLE HATFIELD, ELIZABOTH DILE HAWKINS, DOUGLAS NAME NAME 11238 S.W. 75 1 AVE OCALA, FL 34477 STREET ADDRESS 10855 SW 45 TERR STREET ADDRESS CITY-ST-ZIP CTTY-ST-7P OCALA, FL 34482 Addition Delete TITLE Change TITLE VARTARIAN , Charles M. 8386 SW 82 Nº CINCLE LUKAS, LEONARD P NAME NAME STREET ADDRESS STREET ADDRESS 9470 SW 208 CIRCLE CITY-ST-ZIP OCALA, FL 34481 CITY-ST-ZP DUNNELLON, FL 34431 ☐ Change ■ Addition ☐ Delete TITLE TITLE ĎS WOOD, HAROLD NAME NAME STREET ADORESS 2601 SE 8TH AVE STREET ACCRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34471 ☐ Addition ☐ Defete TITLE Change. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

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