


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90018 034 ****61.25

DOCUMENT # N96000002540 1. Entity Name DESOTO AMATEUR RADIO CLUB, INC.					
Principal Place of Business 1809 SOUTHEAST PEACH DRIVE ARCADIA, FL 34266			Mailing Address 1809 SOUTHEAST PEACH DRIVE ARCADIA, FL 34266		
2. Principal Place of Business - No P.O. Box # 5905 NE Cubitis Ave		3. Mailing Address 5905 NE Cubitis Ave.			
Suite, Apt. #, etc. LOT # 212		Suite, Apt. #, etc. LOT # 212			
City & State ARCADIA, FL		City & State ARCADIA, FL			
Zip 34266	Country USA	Zip 34266	Country USA	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDRON, EUGENE E JR. 124 N. BREVARD AVE. ARCADIA, FL 34266			7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
Filing Fee is \$61.25 Due by September 12, 2008		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	D EVERS, MARY <input type="checkbox"/> Delete 404 W WHIDDEN ST ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gore, ANN 7895 NE Cubitis Ave., Lot D21 ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete CHRIST, ROSE 1593 NE LIVINGSTON ST ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Gore, Charles 7895 NE Cubitis Ave., Lot D21 ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DAVIES, ROBERT V 2102 NW PINEWOOD AVE ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Davies, Robert V. 2102 NW PINEWOOD AVE. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete EBNER, JAMES C 5905 NE CUBITIS AVE ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EBNER, James C. 5905 NE Cubitis Ave. ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete GANTZER, JOHN G 1809 S.E. PEACH DR. ARCADIA, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CLARK, Monita 5905 NE Cubitis Ave. #212 ARCADIA, FL 34266	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete CHRIST, DOUGLAS S 1593 NE LIVINGSTON ST ARCADIA, FL 34266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CHRIST, Douglas S. P.O. Box 2 ARCADIA, FL 34265	
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>Monita K. Clark, Treas (Monita K. Clark)</u> 5/20/2008 863-494-5842					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40104511



05202008 Chg-NP CR2E037 (12/06)