

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90243 043 ****61.25

0097007

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N98000000666

1. Corporation Name

FT. MCCOY AMATEUR RADIO CLUB, INC.

Principal Place of Business

16370 NORTHEAST 141ST TERRACE
 FT. MCCOY FL 32134

Mailing Address

POST OFFICE BOX 539
 FT. MCCOY FL 32143-0539

140825 - 90243 - 43



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

02/03/1998

4. FEI Number

59-3500760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

BENCH, THOMAS S SR.
 16370 NORTHEAST 141ST TERRACE
 FT. MCCOY FL 32134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BENCH, THOMAS S SR.
 STREET ADDRESS 16370 NORTHEAST 141ST TERRACE
 CITY-ST-ZIP FT. MCCOY FL 32134

TITLE VPD ☒ DELETE

NAME TEMPLE, FREDERICK
 STREET ADDRESS 3281 SOUTHEAST 38TH STREET
 CITY-ST-ZIP OCALA FL 34480

TITLE STD ☐ DELETE

NAME BENCH, KATHRYN D
 STREET ADDRESS 16370 NORTHEAST 141ST TERRACE
 CITY-ST-ZIP FT. MCCOY FL 32134

TITLE D ☒ DELETE

NAME SUMMERVILLE, JERRY T
 STREET ADDRESS POST OFFICE BOX 509 N/A
 CITY-ST-ZIP FT. MCCOY FL 32134

TITLE D ☐ DELETE

NAME BROCK, JOHN JR.
 STREET ADDRESS 23671 NORTHEAST 154TH PLACE ROAD
 CITY-ST-ZIP SALT SPRINGS FL 32134

TITLE D ☐ DELETE

NAME SHREWSBURY, DALLAS S
 STREET ADDRESS POST OFFICE BOX 261
 CITY-ST-ZIP FT. MCCOY FL 32134

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas S. Bench Sr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)