2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000666

FILED Apr 08, 2005 Secretary of State

Entity Name: FT. MCCOY AMATEUR RADIO CLUB, INC.

Current Principal Place of Business: New Principal Place of Business: 16370 NORTHEAST 141ST TERRACE FT. MCCOY, FL 32134 **Current Mailing Address: New Mailing Address:** POST OFFICE BOX 539 16370 NE 141ST TERRACE FT. MCCOY, FL 32134 FT. MCCOY, FL 32134 FEI Number: 59-3500760 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BENCH, KATHRYN D 16370 NORTHEAST 141ST TERRACE FT. MCCOY, FL 32134 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition SHREWSBURY, DALLAS Name: Name: P,O, BOX 261 Address: Address: City-St-Zip: FT.MCCOY, FL 32134 City-St-Zip: Title: Title: () Delete () Change () Addition STEWART, ED Name: Name: Address: PO BOX 277 Address: City-St-Zip: ORANGE SPRINGS, FL 32182 City-St-Zip: Title: () Delete Title: () Change () Addition GOSSEL, FRED Name: Name: 18801 SE 50TH ST Address: Address: City-St-Zip: OCKLAWAHA, FL 32179 City-St-Zip: Title: () Delete Title: () Change () Addition SUMMERVILLE, JERRY Name: Name: Address: P.O. BOX 509 Address: City-St-Zip: FT.MCCOY, FL 32134 City-St-Zip: Title: () Delete Title: () Change () Addition BROCK, JOHN JR. Name: Name: 23671 NORTHEAST 154TH PLACE ROAD Address: Address: City-St-Zip: SALT SPRINGS, FL 32134 City-St-Zip: Title: () Delete Title: () Change () Addition BENCH, TOM Name: Name: Address: 16370 NE 141 TERRACE Address: FT.MCCOY, FL 32134 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DALLAS S. SHREWSBURY	PD	04/08/2005
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