

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90029 017 ****61.25

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01082005 Chg-NP CR2E037 (10/03)

DOCUMENT # N98000000853 1. Entity Name GULF COAST AREA REPEATER CLUB, INC.					
Principal Place of Business PO BOX 61411 FORT MYERS, FL 33906			Mailing Address PO BOX 61411 FORT MYERS, FL 33906		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PENEZIALN, DAVID 3161 NEAL ROAD FORT MYERS, FL 33905				7. Name and Address of New Registered Agent Name PENEZIC, DAVID Street Address (P.O. Box Number is Not Acceptable) 616 JACKSON AV City LEHIGH ACRES FL Zip Code 33972	
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 DAVID PENEZIC <i>David Penezic</i> January 6, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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 PENEZIC, DAVID 6131 NEAL RD FORT MYERS, FL 33905	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENEZIC, DAVID 616 JACKSON AV LEHIGH ACRES, FL 33972	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, SR, IVAN L 2243 GEORGEHAM AVE FORT MYERS, FL 33907	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIES, SR IVAN L 2243 GEORGEHAM AVE FT MYERS, FL 33907	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>CORRECTING SPELLING</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GURKA, MICHAEL 610 MAPLE AVE. NORTH LEHIGH, FL 33972	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GURKA, STELLA 610 MAPLE AVE. NORTH LEHIGH, FL 33972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ZAJDEL, CASIMIR J 62 SUNSET CIR. NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. 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 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: <i>David Penezic</i> January 6, 2005 239-707-6848 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					