

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 10, 2005 8:00 am**  
**Secretary of State**

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

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01062005 Chg-NP CR2E037 (10/03)

<b>DOCUMENT # N98000000853</b>					
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 <b>NOT APPLICABLE</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PENEZIALN, DAVID 3161 NEAL ROAD FORT MYERS, FL 33905			Name <b>PENEZIC, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>616 JACKSON AV</b> City <b>LEHIGH ACRES</b> FL Zip Code <b>33972</b>		
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 <b>DAVID PENEZIC</b> <i>David Penezic</i>		(NOTE: Registered Agent signature required when reappointing)		DATE <b>January 6, 2005</b>	
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				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 DAVIS, SR, IVAN L 2243 GEORGEHAM AVE FT MYERS, FL 33907 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>CORRECTING SPELLING</b>	
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	<input type="checkbox"/> Delete	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)(f), 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: <b>David Penezic</b> <i>David Penezic</i>		DATE: <b>January 6, 2005</b>		DAYTIME PHONE #: <b>239-707-6848</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	