


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 A
Secretary of State

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	



01182008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PENEZIC, DAVID 616 JACKSON AVE LEHIGH ACRES, FL 33972	DO NOT WRITE IN THIS SPACE
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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 David Penezic January 18, 2008
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PAVELA, WILLIAM 3317 NW JUANITA PLACE CAPE CORAL, FL 33904
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GURKA, STELLA 810 MAPLE AVE. NORTH LEHIGH, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PENEZIC, DAVID 616 JACKSON AVE LEHIGH ACRES, FL 33972
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIES, IVAN L SR 2243 GORHAM AVE FORT MYERS, FL 33907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ISTENES, CHARLES JR 210 CAROL DR FORT MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000793270
01/25/08-80002-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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: DAVID PENEZIC David Penezic January 18, 2008 239-368-2552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #