


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90204 026 \*\*\*\*61.25

<b>DOCUMENT # N98000005686</b> 1. Entity Name ENGLEWOOD AMATEUR RADIO SOCIETY, INC.	
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Principal Place of Business P. O. BOX 572 ENGLEWOOD, FL 34295	Mailing Address P. O. BOX 572 ENGLEWOOD, FL 34295
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**20008801**



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04172007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0894474	Applied For Not Applicable
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6. Name and Address of Current Registered Agent  DUNKIN, DAVID A 170 W. DEARBORN ST. ENGLEWOOD, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOROWITZ, MARTIN H			NAME	EGGLETON, PAMELA		
STREET ADDRESS	348 ARROWHEAD DR.			STREET ADDRESS	6251 CHARLOT ST.		
CITY-ST-ZIP	ENGLEWOOD, FL 34223			CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		
TITLE	D	<input type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERVE, KEITH E			NAME	HERVE, KEITH E.		
STREET ADDRESS	1716 BAYSHORE DRIVE			STREET ADDRESS	1716 BAYSHORE DRIVE		
CITY-ST-ZIP	ENGLEWOOD, FL 34223			CITY-ST-ZIP	ENGLEWOOD, FL 34223		
TITLE	P	<input type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HENRY, MATTHEW			NAME	HAWES, THOMAS		
STREET ADDRESS	6150 CROMWELL STREET			STREET ADDRESS	676 CLEARVIEW DR.		
CITY-ST-ZIP	ENGLEWOOD, FL 34224			CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAWLOR, JAMES			NAME			
STREET ADDRESS	2888 PONCE DE LEON			STREET ADDRESS			
CITY-ST-ZIP	NORTH PORT, FL 34286			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ANDERSON, KENNETH			NAME	ANDERSON, KENNETH		
STREET ADDRESS	656 FOXWOOD BLVD			STREET ADDRESS	656 FOXWOOD BLVD.		
CITY-ST-ZIP	ENGLEWOOD, FL 34223			CITY-ST-ZIP	ENGLEWOOD, FL 34223		
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KELLY, KEITH			NAME			
STREET ADDRESS	P.O. BOX 3445			STREET ADDRESS			
CITY-ST-ZIP	PLACIDA, FL 33946			CITY-ST-ZIP			

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:**  **4/17/07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #