

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005686

FILED
Apr 10, 2009
Secretary of State

Entity Name: ENGLEWOOD AMATEUR RADIO SOCIETY, INC.

Current Principal Place of Business:

P. O. BOX 572
ENGLEWOOD, FL 34295

New Principal Place of Business:

Current Mailing Address:
P. O. BOX 572
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 65-0894474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUNKIN, DAVID A
170 W. DEARBORN ST.
ENGLEWOOD, FL US

Name and Address of New Registered Agent:

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:

Title: D () Delete
Name: HOROWITZ, MARTIN H
Address: 348 ARROWHEAD DR.
City-St-Zip: ENGLEWOOD, FL 34223

Title: T () Delete
Name: EMMELKAMP, VICTOR W
Address: 1181 MANOR RD
City-St-Zip: ENGLEWOOD, FL 34223

Title: P () Delete
Name: HENRY, MATTHEW
Address: 6150 CROMWELL STREET
City-St-Zip: ENGLEWOOD, FL 34224

Title: VP () Delete
Name: HAWES, THOMAS
Address: 676 CLEAR VIEW DR
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: D () Delete
Name: ANDERSON, KENNETH
Address: 656 FOXWOOD BLVD
City-St-Zip: ENGLEWOOD, FL 34223

Title: D () Delete
Name: EGGLETON, PAMELA
Address: 6251 CHARIOT ST
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: DALY, MICHAEL W
Address: 99 W WENTWORTH ST
City-St-Zip: ENGLEWOOD, FL 34223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MICHAEL W DALY

T

04/10/2009

Electronic Signature of Signing Officer or Director

Date