

# 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