|  | 3<br>1 BEACH, FL 33405-7623 US  |   |  |            |
|--|---|---|--|------------|
| FEI Number: 59-2434767   |   |   | Certificate of Status Desired: No  |            |
| Name and Address of Current Registered Agent:  |   |   |  |            |
| HITE, CHRISTOPHER LEE<br>5061 ROYAL PALM BEACH BLVD<br>ROYAL PALM BEACH, FL 33411 US   |   |   |  |            |
| 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  | CHRISTOPHER L HITE  |   |  | 01/21/2023 |
|  | Electronic Signature of Registered Agent  |   |  | Date       |
|  |   |   |  |            |
| Officer/Dire   | 5 5 5   |   |  |            |
| Officer/Dire   | 5 5 5   | Title                                       | VP   |            |
|  | ctor Detail :   | Title<br>Name                               | VP<br>MIRABENT, MARCOS   |            |
| Title  | ctor Detail :<br>PRESIDENT  |   |  |            |
| Title<br>Name  | ctor Detail :<br>PRESIDENT<br>MATHIAS, MICHAEL  | Name  | MIRABENT, MARCOS   |            |
| Title<br>Name<br>Address   | Ctor Detail :<br>PRESIDENT<br>MATHIAS, MICHAEL<br>BOX 4121  | Name<br>Address                             | MIRABENT, MARCOS<br>3744 SAVOY LANE  |            |
| Title<br>Name<br>Address<br>City-State-Zip:  | Ctor Detail :<br>PRESIDENT<br>MATHIAS, MICHAEL<br>BOX 4121<br>BOYNTON BEACH FL 33424              | Name<br>Address<br>City-State-Zip:          | MIRABENT, MARCOS<br>3744 SAVOY LANE<br>WEST PALM BEACH FL 33417              |            |
| Title<br>Name<br>Address<br>City-State-Zip:<br>Title   | Ctor Detail :<br>PRESIDENT<br>MATHIAS, MICHAEL<br>BOX 4121<br>BOYNTON BEACH FL 33424<br>TREASURER | Name<br>Address<br>City-State-Zip:<br>Title | MIRABENT, MARCOS<br>3744 SAVOY LANE<br>WEST PALM BEACH FL 33417<br>SECRATARY |            |

## 2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719922** 

Entity Name: WEST PALM BEACH AMATEUR RADIO GROUP, INC.

## **Current Principal Place of Business:**

4801 DREHER TRAIL NORTH WEST PALM BEACH, FL 33405

#### **Current Mailing Address:**

PO ROY 7600 W

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I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER LEE HITE

TREASURER

01/21/2023

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 21, 2023 Secretary of State 1330377019CC