


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44681**

1. Entity Name  
**PALATKA AMATEUR RADIO CLUB, INC.**



Principal Place of Business      Mailing Address

115 PENIEL CH. RD      P.O. BOX 1802  
 PALATKA, FL 32177 US      PALATKA, FL 32178-1802

**DO NOT WRITE IN THIS SPACE**



07132004 No Chg-NP      CR2E037 (10/03)

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

6. Name and Address of Current Registered Agent

CANON, AUBREY  
 115 PENIEL CH. RD  
 PALATKA, FL 32177

**DO NOT WRITE IN THIS SPACE**

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 file if applicable (NOTE: Registered Agent signature required when filing)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CANON, AUBREY
STREET ADDRESS	115 PENIEL CH RD
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	D
NAME	COREY, NEAL
STREET ADDRESS	1915 WESTOVER DR.
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	D
NAME	HUGHES, ED
STREET ADDRESS	2101 GEARY AVE.
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	D
NAME	BRADFORD MARK
STREET ADDRESS	P.O. BOX 236 NA
CITY - ST - ZIP	FLORAHOME, FL
TITLE	D
NAME	MOTL, JEFF
STREET ADDRESS	103 W. FLAMINGO DR.
CITY - ST - ZIP	PALATKA, FL 32177
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 08/23/04-80008-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(b), 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: Aubrey Canon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/04 (386)325-2492  
Date Daytime Phone #

*Aubrey Canon*