


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 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



02152005 No Chg-NP CR2E037 (10/03)

4. FEI Number
 NOT APPLICABLE Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

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	

000000275474
 03/25/05-80001-016 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 119.07(3)(i), 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 2/15/05 (386) 825-2492
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #