


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N44681**  
 1. Entity Name  
**PALATKA AMATEUR RADIO CLUB, INC.**



Principal Place of Business 115 PENIEL CH. RD PALATKA, FL 32177 US	Mailing Address P.O. BOX 1802 PALATKA, FL 32178-1802
--	--



02212008 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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, 2006**

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

100000447811  
 03/08/06 80072-018 61.25

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	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, Aubrey Canon 2/21/06 (386)325-2492  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #