


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2007 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**



01162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$81.25
 Due by May 1, 2007**

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

000000653179
 03/13/07-80009-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANON, AUBREY 115 PENIEL CH RD PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COREY, NEAL 1915 WESTOVER DR. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, ED 2101 GEARY AVE. PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADFORD MARK P.O. BOX 236 NA FLORAHOME, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTL, JEFF 103 W. FLAMINGO DR. 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** 1-16-07 (386-325-2492)