

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N44681** (7)

1. Corporation Name

PALATKA AMATEUR RADIO CLUB, INC.



Principal Place of Business

Mailing Address

ROUTE 3, BOX 2284
PALATKA FL 32177

P.O. BOX 1802
PALATKA FL 32178-1802

3. Date Incorporated or Qualified **08/14/1991** 3a. Date of Last Report **03/27/1995**

21	2. Principal Place of Business	2a	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		NOT APPLICABLE	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24. Country	29	29. Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CANON, AUBREY
ROUTE 3, BOX 2284
PALATKA FL 32177

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Aubrey N. Canon* **Aubrey N. Canon** **2/20/96**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANON, AUBREY	1.2 NAME	
STREET ADDRESS	ROUTE 3, BOX 2284	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL 32177	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COREY, NEAL	2.2 NAME	
STREET ADDRESS	1915 WESTOVER DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL 32177	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ED	3.2 NAME	
STREET ADDRESS	2101 GEARY AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	PALATKA FL 32177	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD MARK	4.2 NAME	
STREET ADDRESS	P.O. BOX 236 NA	4.3 STREET ADDRESS	
CITY - ST - ZIP	FLORAHOME FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLFE, BILL	5.2 NAME	
STREET ADDRESS	P. O. BOX 510 N/A	5.3 STREET ADDRESS	
CITY - ST - ZIP	SAN MATEO FL 32177	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Aubrey N. Canon* **Aubrey N. Canon** **2/20/96** **1-404-325-2492**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)