

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44681 (7)**  
1. Corporation Name  
**PALATKA AMATEUR RADIO CLUB, INC.**



Principal Place of Business <b>ROUTE 3, BOX 2284 PALATKA FL 32177</b>	Mailing Address <b>P.O. BOX 1802 PALATKA FL 32178-1802</b>
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3. Date Incorporated or Qualified <b>08/14/1991</b>	3a. Date of Last Report <b>02/26/1996</b>
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2. Principal Place of Business 21 <b>115 Peniel ch Rd.</b> Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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  
**CANON, AUBREY  
ROUTE 3, BOX 2284  
PALATKA FL 32177**

10. Name and Address of New Registered Agent

81 Name <b>Aubrey Canon</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>115 Peniel ch. Rd.</b>
83
84 City <b>Palatka</b>
85 Zip Code <b>FL 32177</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CANON, AUBREY</b>	1.2 NAME	
STREET ADDRESS	<b>ROUTE 3, BOX 2284</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COREY, NEAL</b>	2.2 NAME	
STREET ADDRESS	<b>1915 WESTOVER DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUGHES, ED</b>	3.2 NAME	
STREET ADDRESS	<b>2101 GEARY AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL 32177</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRADFORD MARK</b>	4.2 NAME	
STREET ADDRESS	<b>P.O. BOX 236 NA</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FLORAHOME FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLFE, BILL</b>	5.2 NAME	
STREET ADDRESS	<b>P. O. BOX 510 N/A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN MATEO FL 32177</b>	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 does not qualify for the exemption stated in Section 119.07(3)(j), 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 Canon* DATE *02/26/1996*

CR2E037 (9/96)