

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90205 025 ****61.25

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

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				7. Name and Address of New Registered Agent					
CANON, AUBREY 115 PENIEL CH. RD PALATKA FL 32177				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City		FL		Zip Code	

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 _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANON, AUBREY			NAME			
STREET ADDRESS	115 PENIEL CH RD			STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL 32177			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COREY, NEAL			NAME			
STREET ADDRESS	1915 WESTOVER DR.			STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL 32177			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUGHES, ED			NAME			
STREET ADDRESS	2101 GEARY AVE.			STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL 32177			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRADFORD MARK			NAME			
STREET ADDRESS	P.O. BOX 236 NA			STREET ADDRESS			
CITY-ST-ZIP	FLORAHOME FL			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOTL, JEFF			NAME			
STREET ADDRESS	103 W. FLAMINGO DR.			STREET ADDRESS			
CITY-ST-ZIP	PALATKA FL 32177			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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* **REQUIRE** 4-15-03 386-325-2492

CR2E037 (10/02)