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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11932

1. Corporation Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

585352 - 90017 - 28

Principal Place of Business	Mailing Address
P O BOX 572 LECANTO FL 34460-0572 US	3913 EAST ALLENDALE STREET INVERNESS FL 34453-0487 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/06/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2643904 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HUGHES, VENITA, TREASURER
3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487

10. Name and Address of New Registered Agent

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 _____ 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	P	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	CRAWFORD, PHIL		1.2 NAME	ROBINSON, ROBERT	
STREET ADDRESS	9085 N FOLFVIEW DR		1.3 STREET ADDRESS	5642 S. OAKRIDGE DR.	
CITY-ST-ZIP	CITRUS SPGS FL		1.4 CITY-ST-ZIP	HOMOSASSA SPRINGS,FL.34448	
TITLE	VP	☒ DELETE	2.1 TITLE	VP	☒ Change ☐ Addition
NAME	TARBELL, GARDNER		2.2 NAME	CRAWFORD,PHIL	
STREET ADDRESS	P O BOX 1771 N/A		2.3 STREET ADDRESS	9085 N. GOLFVIEW DR.	
CITY-ST-ZIP	INVERNESS FL		2.4 CITY-ST-ZIP	CITRUS SPRINGS,FL.34434	
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLESCH, WANDA		3.2 NAME		
STREET ADDRESS	P.O. BOX 3117 N/A		3.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL 34451		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HUGHES, VENITA M		4.2 NAME		
STREET ADDRESS	3913 E ALLENDALE ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BILHARZ, CHARLES		5.2 NAME	HORTON, HARRY	
STREET ADDRESS	408 NE CRYSTAL ST		5.3 STREET ADDRESS	315 E. REEHILL ST.	
CITY-ST-ZIP	CRYSTAL RIVER FL		5.4 CITY-ST-ZIP	LECANTO,FL. 34461	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	HOLMES-RAY, PETER		6.2 NAME	FLESCH, ROBERT	
STREET ADDRESS	12165 CHECKERBERRY DR		6.3 STREET ADDRESS	P.O.BOX 1771	
CITY-ST-ZIP	CRYSTAL RIVER FL		6.4 CITY-ST-ZIP	INVERNESS,FL. 34451	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Venita M. Hughes SIGNATURE REQUIRED VENITA M. HUGHES, TREASURER 7-6-99 (352)726-0535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #