

FILED  
Jan 10, 2005 8:00 am  
Secretary of State

01-10-2005 90013 023 \*\*\*\*61.25

2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       |                                                                                                                                         |                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N11932</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                       |                                                        |                                                                                                                                             |
| 1. Entity Name<br><b>THE SKY HIGH AMATEUR RADIO CLUB,<br/>INCORPORATED</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       |                                                                                                                                         |                                                                                                                                             |
| Principal Place of Business<br><b>P O BOX 572<br/>LECANTO, FL 34460-0572 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                       | Mailing Address<br><b>8061 N. GOLFVIEW DR.<br/>CITRUS SPRINGS, FL 34434 US</b>                                                          |                                                                                                                                             |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                       | 3. Mailing Address                                                                                                                      |                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                       | Suite, Apt. #, etc.                                                                                                                     |                                                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | City & State                                                                                                                            |                                                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                                               | Zip                                                                                                                                     | Country                                                                                                                                     |
| 6. Name and Address of Current Registered Agent<br><b>WEAVER, LARRY<br/>8061 N. GOLFVIEW DR.<br/>CITRUS SPRINGS, FL 34434</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                       | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE <i>Larry Weaver</i> DATE <i>Jan 7, 2005</i><br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                             |                                                                                                                       |                                                                                                                                         |                                                                                                                                             |
| Filing Fee is \$61.25<br>Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                       | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                      |                                                                                                                                             |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                       | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                   |                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | P<br>ROGALLA, EDWARD<br>5740 S CALGARY<br>INVERNESS, FL 34452 <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | P<br>Byberg, William<br>7 Hoptree Court<br>Homosassa, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VP<br>CRAWFORD, PHILIP<br>9085 N. GOLFVIEW DR.<br>CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | VP<br>Rogalla, Edward<br>5740 Calgary<br>Inverness, FL 34452 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | S<br>WEAVER, HILDA<br>8061 N. GOLFVIEW DR.<br>CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | T<br>WEAVER, LARRY<br>8061 N. GOLFVIEW DR.<br>CITRUS SPRINGS, FL 34434 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>KLEIN, ALAN<br>52 MONROE ST.<br>BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | D<br>Barrett, Richard<br>6205 Gwen Lane<br>Homosassa, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | D<br>GINLEY, BERNARD<br>21 S. OSCEOLA ST.<br>BEVERLY HILLS, FL 34465 <input type="checkbox"/> Delete                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 <i>Larry Weaver</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                       | Larry Weaver, Treasurer 01/07/05 (352) 489-6465<br><small>Daytime Phone #</small>                                                       |                                                                                                                                             |