FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 4:18

DOCUMENT # N36381 (4)

1. Corporation Name
TITUSVILLE AMATEUR RADIO CLUB, INC.

Principal Place of Business	Mailing Address
P O BOX 73 TITUSVILLE FL 32781	P O BOX 73 TITUSVILLE FL 32781

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/30/1990
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-2997556 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

YOUNG, WILLIAM ROBERT SR.
3845 CATALINA STREET
TITUSVILLE FL 32796

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 607.0502 and 607.1508, 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 607.0505, 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	PCD	1.1 TITLE	PCD	☒ Change ☐ Addition
NAME	HUGHES, HORACE	1.2 NAME	CHARLES FAGEL	
STREET ADDRESS	4835 SANTA ROSA	1.3 STREET ADDRESS	4954 SQUIRES DR	
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	TITUSVILLE FL. 32796	
TITLE	S	2.1 TITLE		☐ Change ☐ Addition
NAME	WOOD, BOBBI S	2.2 NAME		
STREET ADDRESS	3807 CHAMPION RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	GRINER, LES	3.2 NAME		
STREET ADDRESS	4555 ROSEHILL	3.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CARR, LARRY	4.2 NAME		
STREET ADDRESS	6166 BARNA AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	4.4 CITY-ST-ZIP		
TITLE	V	5.1 TITLE	TOM NGUYEN	☒ Change ☐ Addition
NAME	HOAG, CLIFFORD	5.2 NAME	1740 DOREEN Rd	
STREET ADDRESS	2670 HUTCHINSON PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	COCOA FL 32927	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	LEE, CLYDE	6.2 NAME		
STREET ADDRESS	5350 SR 46	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIMS FL	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)(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.

SIGNATURE: Clyde Lee Clyde Lee JAN 15, 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE
407-267-9375
Daytime Phone Number

0032612