2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 17, 2004 8:00 am DOCUMENT # N36381 **Secretary of State** 1. Entity Name 02-17-2004 90050 002 ****61.25 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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-2997556 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YOUNG, WILLIAM ROBERT SR. Street Address (P.O. Box Number is Not Acceptable) 3845 CATALINA STREET TITUSVILLE FL 32796 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition Delete TITLE TITLE HUGHES, HORACE T NAME NAME 4835 SANTA ROSA AVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE LEE. BEVERLY NAME NAME 5350 SR 46 STREET ADDRESS STREET ADDRESS MIMS FL 62754 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE GRINERTLES" NAME NAME 4555 ROSEHILL STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE CARR, LARRY NAME NAME 6166 BARNA AVE STREET ADDRESS STREET ADDRESS TITUSVILLE FL CITY-ST-ZIP CITY-ST-ZIP Robert Keim 6515 S.R.46 Mims, El 32754 Change Addition TITLE Delete TITLE OSBAND, OZZE NAME NAME P.O. BOX 6841 STREET ADDRESS STREET ADDRESS TITUSVILLE F 32782 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE LEE, BEVERLY NAME NAME 5350 SR 46 STREET ADDRESS STREET ADDRESS MIMS FL 32754 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. 2/10/04 321-267-9375-

SIGNATURE:

FILED