

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997.



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

FILED
Aug 11 1997 8:00am
Secretary of State

DOCUMENT # N11932 (3)

1. Corporation Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED



Principal Place of Business

Mailing Address

3913 EAST ALLENDALE STREET
INVERNESS FL 34453-0487
US

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INVERNESS FL 34453-0487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1985

3a. Date of Last Report

01/31/1996

4. FEI Number

59-2643904

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

P.O. BOX 572

27

City & State

City & State

23

LECANTO, FL

28

Zip

Zip

Country

24

34460-0572

29

CITRUS

Country

30

9. Name and Address of Current Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JOHNSON, CHAD
STREET ADDRESS 5050 N AMARILLO DR
CITY-ST-ZIP BEVERLY HILLS FL

☒ DELETE

TITLE VP
NAME SULLIVAN, JERRY R
STREET ADDRESS P O BOX 734
CITY-ST-ZIP INGLIS FL

☒ DELETE

TITLE S
NAME NEWTON, DOREEN L
STREET ADDRESS 3203 S LEE WAY
CITY-ST-ZIP HOMOSASSA FL

☒ DELETE

TITLE T
NAME HUGHES, VENITA M
STREET ADDRESS 3913 E ALLENDALE ST
CITY-ST-ZIP INVERNESS FL

☐ DELETE

TITLE D
NAME BILHARZ, CHARLES
STREET ADDRESS 408 NE CRYSTAL ST
CITY-ST-ZIP CRYSTAL RIVER FL

☐ DELETE

TITLE D
NAME HOLMES-RAY, PETER
STREET ADDRESS 12165 CHECKERBERRY DR
CITY-ST-ZIP CRYSTAL RIVER FL

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

P
PHIL CRAWFORD
9085 N. GOLFVIEW DR.
CITRUS SPGS, FL 34434

☐ Change ☐ Addition

VP
GARDNER TARBELL
P.O. BOX 1771
INVERNESS, FL 34451-1771

☐ Change ☐ Addition

S
DORIS TARBELL
P.O. BOX 1771
INVERNESS, FL 34451-1771

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do 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.

SIGNATURE REQUIRED

CR2E037 (4/97)