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07-09-1999 90017 028 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

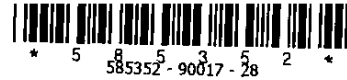
DOCUMENT # N11932

1. Corporation Name

THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

Principal Place of Business
 P O BOX 572
 LECANTO FL 34460-0572
 US

Mailing Address
 3913 EAST ALLENDALE STREET
 INVERNESS FL 34453-0487
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/06/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2643904	
24 Country		30 Country		Applied For	
				Not Applicable	
5. Certificate of Status Desired				8. Election Campaign Financing	
<input type="checkbox"/>				<input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HUGHES, VENITA, TREASURER 3913 EAST ALLENDALE STREET INVERNESS FL 34453-0487				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TARBELL, GARDNER			2.2 NAME	CRAWFORD, PHIL		
STREET ADDRESS	P O BOX 1771 N/A			2.3 STREET ADDRESS	9085 N. FOLFVIEW DR.		
CITY-ST-ZIP	INVERNESS FL			2.4 CITY-ST-ZIP	CITRUS SPRINGS, FL. 34434		
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLESC, 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	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HOLMES-RAY, PETER			6.2 NAME	FLESC, 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		

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

CR2E037 (11/98)