

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11932

FILED
Jan 05, 2004
Secretary of State

Entity Name: THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED

Current Principal Place of Business:

P O BOX 572
LECANTO, FL 344600572 US

New Principal Place of Business:

Current Mailing Address:

8061 N. GOLFVIEW DR.
CITRUS SPRINGS, FL 34434 US

New Mailing Address:

FEI Number: 59-2643904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEAVER, LARRY
8061 N. GOLFVIEW DR.
CITRUS SPRINGS, FL 34434 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROGALLA, EDWARD
Address: 5740 S CALGARY
City-St-Zip: INVERNESS, FL 34452

Title: VP () Delete
Name: CRAWFORD, PHILIP
Address: 9085 N. GOLFVIEW DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: S () Delete
Name: WEAVER, HILDA
Address: 8061 N. GOLFVIEW DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: T () Delete
Name: WEAVER, LARRY
Address: 8061 N. GOLFVIEW DR.
City-St-Zip: CITRUS SPRINGS, FL 34434

Title: D () Delete
Name: KLEIN, ALAN
Address: 52 MONROE ST.
City-St-Zip: BEVERLY HILLS, FL 34465

Title: D () Delete
Name: GINLEY, BERNARD
Address: 21 S. OSCEOLA ST.
City-St-Zip: BEVERLY HILLS, FL 34465

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY WEAVER

T

01/05/2004

Electronic Signature of Signing Officer or Director

Date