

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90034 029 ****61.25

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01112006 Chg-NP CR2E037 (11/05)

DOCUMENT # N11932 1. Entity Name THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED			
Principal Place of Business P O BOX 572 LECANTO, FL 34460-0572 US		Mailing Address 8061 N. GOLFVIEW DR. CITRUS SPRINGS, FL 34434 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4525 N. BUFFALO DR. Suite, Apt. #, etc.	
City & State		City & State BEVERLY HILLS, FL	
Zip 34465	Country U.S	4. FEI Number 59-2643904	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent WEAVER, LARRY 8061 N. GOLFVIEW DR. CITRUS SPRINGS, FL 34434		7. Name and Address of New Registered Agent Name DONALD BRYANT Street Address (P.O. Box Number is Not Acceptable) 4525 N. BUFFALO DR. City BEVERLY HILLS FL Zip Code 34465	
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 DONALD BRYANT <small>Signature, typed or printed name of registered agent and title if applicable.</small>		1-12-06 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BYBERG, WILLIAM 7 HOPTREE COURT HOMOSASSA, FL 34446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ROGALLA, EDWARD 5740 CALGARY INVERNESS, FL 34452 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WEAVER, HILDA 8061 N. GOLFVIEW DR. CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHARRON BRYANT 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WEAVER, LARRY 8061 N. GOLFVIEW DR. CITRUS SPRINGS, FL 34434 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DONALD BRYANT 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARRETT, RICHARD 6205 GWEN LANE HOMOSASSA, FL 34446 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARL MARCHEGE 6986 W. BERRIGAN COURT HOMOSASSA, FL 34446 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GINLEY, BERNARD 21 S. OSCEOLA ST. BEVERLY HILLS, FL 34465 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT ROBINSON 5642 S. OAKRIDGE DR HOMOSASSA, FL 34448 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.			
SIGNATURE: DONALD BRYANT-TREASURER 1-12-06 352-527-6850 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			