
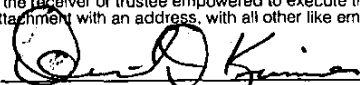


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90026 029 ****61.25

DOCUMENT # 708961 1. Entity Name PANAMA CITY AMATEUR RADIO CLUB, INC.					
Principal Place of Business 130 CHURCH STREET PANAMA CITY, FL 32401			Mailing Address 130 CHURCH STREET PANAMA CITY, FL 32401		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04302007 Chg-NP CR2E037 (12/06)	
4. FEI Number NOT APPLICABLE				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROBERTS, JOHN 1702 CLAY AVENUE PANAMA CITY, FL 32405			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	PD HANDSCHUH, KENNETH 6326 EVERLY ST SNEADS, FL 32460 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HANDSCHUH, KENNETH <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6326 EVERLY ST PANAMA CITY, FL 32466	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRASSELL, DAVID <input checked="" type="checkbox"/> Delete 1004 12TH CT PANAMA CITY, FL 32401		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Williams, WALLACE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1519 MASSACHUSETTS AVE LYNN HAVEN FL 32447	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, WALLACE <input checked="" type="checkbox"/> Delete 1519 MASSACHUSETTS AVE LYNN HAVEN, FL 32444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HARRY G MORRISON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6818 SOUTHWOOD ST PANAMA CITY FL 32404	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIMME, DAVID <input type="checkbox"/> Delete 9221 N. MCCAHN RD. SOUTH PORT, FL 32409		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: 			David J Kimmer 4-20-07 850-387-6365		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		