FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAR 23 PM 12:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 742248 (8)

1. Corporation Name
HIGHLANDS COUNTY AMATEUR RADIO CLUB, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 2149 LAKE PLACID FL 33852	POST OFFICE BOX 2149 LAKE PLACID FL 33852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/30/1978
3a. Date of Last Report: 03/25/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

CHAPMAN, ANDREW J.
109 W. CENTER AVE
SEBRING, FL., 33870

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	S ☑ Change ☐ Addition
NAME	YACIW, EDITH	1.2 NAME	ROBERT G. HAY
STREET ADDRESS	1756 WASHINGTON BLVD. N.W.	1.3 STREET ADDRESS	549 SPOONBILL DR.
CITY-ST-ZIP	LAKE PLACID FL	1.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	SMEDLEY, MARK	2.2 NAME	
STREET ADDRESS	419 SO PINE STR, HOUSE A	2.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	KYGER, ROBERT	3.2 NAME	WILLIAM DIBBLE
STREET ADDRESS	4929 SPARTA RD	3.3 STREET ADDRESS	3053 BIRCH RD.
CITY-ST-ZIP	SEBRING FL	3.4 CITY-ST-ZIP	LAKE PLACID FL. 33852
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FREELAND, KENNETH E.	4.2 NAME	
STREET ADDRESS	209 PARKVIEW ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SEBRING FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	RASMUSSEN, ERNEST	5.2 NAME	JAMES H. MORAN
STREET ADDRESS	347 ADAMS AVE	5.3 STREET ADDRESS	3431 AUSTIN ST.
CITY-ST-ZIP	LAKE PLACID FL	5.4 CITY-ST-ZIP	SEBRING FL 33872
TITLE	T	6.1 TITLE	T ☒ Change ☐ Addition
NAME	MONROE, ROBERT	6.2 NAME	ROBERT E. MONROE
STREET ADDRESS	4 DIAMOND BAY DR.	6.3 STREET ADDRESS	32 MIAMI DR
CITY-ST-ZIP	LAKE PLACID FL	6.4 CITY-ST-ZIP	LAKE PLACID FL. 33852-5228

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Robert E. Monroe / ROBERT E. MONROE 03/20/95 813-465-2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D95211