

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 742248 (8)
1. Corporation Name
HIGHLANDS COUNTY AMATEUR RADIO CLUB, INC.



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

Mailing Address
**POST OFFICE BOX 2149
LAKE PLACID FL 33852**

3. Date Incorporated or Qualified
03/30/1978

3a. Date of Last Report
03/23/1995

| | | | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 22 | City & State | 27 | City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 23 | Zip | 28 | Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 | Country | 29 | 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

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| FL | 85 Zip Code |

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 | S <input type="checkbox"/> DELETE | 1.1 TITLE | PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAY, ROBERT G. | 1.2 NAME | |
| STREET ADDRESS | 549 SPOONBILL DR. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMEDLEY, MARK | 2.2 NAME | SMEDLEY, MARK |
| STREET ADDRESS | 419 SO PINE STR. HOUSE A | 2.3 STREET ADDRESS | 153 PINE TREE DR. |
| CITY-ST-ZIP | SEBRING FL | 2.4 CITY-ST-ZIP | LAKE PLACID FL, 33852 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D DIBBLE, WILLIAM | 3.2 NAME | |
| STREET ADDRESS | 3053 BIRCH RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D 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 | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MORAN, JAMES H. | 5.2 NAME | |
| STREET ADDRESS | 3431 AUSTIN ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T MONROE, ROBERT E | 6.2 NAME | |
| STREET ADDRESS | 32 MIAMI DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKE PLACID FL | 6.4 CITY-ST-ZIP | |

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)(k), 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** 02/20/96 941 465 2576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)