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Mar 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

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 33852POST OFFICE BOX 2149
LAKE PLACID FL 33862-21493. Date Incorporated or Qualified
03/30/19783a. Date of Last Report
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☒ DELETE
NAME HAY, ROBERT G.
STREET ADDRESS 549 SPOONBILL DR.
CITY-ST-ZIP SEBRING FL1.1 TITLE S ☐ Change ☐ Addition
1.2 NAME CHARLES VIDAUD
1.3 STREET ADDRESS 5931 HAMMOCK RD.
1.4 CITY-ST-ZIP SEBRING FL, 33872TITLE P ☒ DELETE
NAME SMEDLEY, MARK
STREET ADDRESS 153 PINE TREE DR
CITY-ST-ZIP LAKE PLACID FL2.1 TITLE P ☐ Change ☐ Addition
2.2 NAME ROY LOWEKE
2.3 STREET ADDRESS 7007 SPARTA RD.
2.4 CITY-ST-ZIP SEBRING FL, 33872TITLE D ☐ DELETE
NAME DIBBLE, WILLIAM
STREET ADDRESS 3053 BIRCH RD.
CITY-ST-ZIP LAKE PLACID FL3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME FREELAND, KENNETH E.
STREET ADDRESS 209 PARKVIEW ROAD
CITY-ST-ZIP SEBRING FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME MORAN, JAMES H.
STREET ADDRESS 3431 AUSTIN ST.
CITY-ST-ZIP SEBRING FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE T ☐ DELETE
NAME MONROE, ROBERT E
STREET ADDRESS 32 MIAMI DR
CITY-ST-ZIP LAKE PLACID FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 02/16/97 941/465/2576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054141

CP2E037 (9/96)