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**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90052 039 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 742248**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/30/1978

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

DIBBLE, WILLIAM B

3053 BIRCH RD  
LAKE PLACID FL 33852

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

*William B. Dibble* **WILLIAM B. DIBBLE, Secretary**

**4-12-99**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P/D  
STREET ADDRESS KORAHDA, DENNIS  
CITY-ST-ZIP 2701 VAN PELT RD  
SEBRING FL

TITLE ☒ DELETE  
NAME T/D  
STREET ADDRESS ROY LOWEKE  
CITY-ST-ZIP 7007 SPARTA RD  
SEBRING FL

TITLE ☐ DELETE  
NAME S/D  
STREET ADDRESS DIBBLE, WILLIAM  
CITY-ST-ZIP 3053 BIRCH RD.  
LAKE PLACID FL

TITLE ☒ DELETE  
NAME VP  
STREET ADDRESS ROBERT, DON  
CITY-ST-ZIP 308 EAGLE AVE  
SEBRING FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BURTON, WAYNE  
CITY-ST-ZIP 1301 NAHAW AVE  
SEBRING FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS BLOUSER, GORDON  
CITY-ST-ZIP 1620 PALM ST  
LAKE PLACID FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

T/D  
Bernie Wolkove  
6824 South C-17  
Sebring, FL

VP/D  
Phyllis J. Dibble  
3053 Birch Rd,  
Lake Placid, FL 33852

D  
Roy Loweke  
7007 Sparta Rd.  
Sebring, FL

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

SIGNATURE: *William B. Dibble* **WILLIAM B. DIBBLE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-12-99**

Date

**941-465-8176**

Daytime Phone #

0056271

CR2E037 (11/98)