

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90202 019 ****61.25

DOCUMENT # 742248

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



Principal Place of Business
**POST OFFICE BOX 7441
SEBRING, FL 33872**

Mailing Address
**POST OFFICE BOX 7441
SEBRING, FL 33872**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03112006

Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILBANKS, SUZANNE C
2003 FLOWER TERRACE
SEBRING, FL 33875**

7. Name and Address of New Registered Agent

Name **FREDERICK A. SEELY**

Street Address (P.O. Box Number is Not Acceptable)

3039 OAKHILL DR

City **AVON PARK**

FL

Zip Code **33825**

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

F.A. SEELY TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

4/23/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	WILBANKS, JAMES	
STREET ADDRESS	2003 FLOWER TERR.	
CITY-ST-ZIP	SEBRING, FL 338756004	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WILBANKS, SUZANNE	
STREET ADDRESS	2003 FLOWER TERR	
CITY-ST-ZIP	SEBRING, FL 33825	
TITLE	TD	<input type="checkbox"/> Delete
NAME	PAYNE, JOHN	
STREET ADDRESS	4526 ROYAL PALM AVE	
CITY-ST-ZIP	SEBRING, FL 33870	
TITLE	D	<input type="checkbox"/> Delete
NAME	HENDERSON, BILL	
STREET ADDRESS	255 LARK AVE.	
CITY-ST-ZIP	SEBRING, FL 338723530	
TITLE	D	<input type="checkbox"/> Delete
NAME	PFEIFFER, HERMAN	
STREET ADDRESS	103 VILLA AVE	
CITY-ST-ZIP	LAKE PLACID, FL 33852	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, BOB	
STREET ADDRESS	1 MATTHEW ST	
CITY-ST-ZIP	SEBRING, FL 33870	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREDERICK A. SEELY	
STREET ADDRESS	3039 OAKHILL DR	
CITY-ST-ZIP	AVON PARK, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 **F.A. SEELY**