2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2009
Secretary of State

DOCUMENT# 742248

Entity Name: HIGHLANDS COUNTY AMATEUR RADIO CLUB, INC.

Current Principal Place of Business:

POST OFFICE BOX 7441
SEBRING, FL 33872

New Principal Place of Business:

4509 GEORGE BLVD.
SEBRING, FL 33872

Current Mailing Address:

POST OFFICE BOX 7441
SEBRING, FL 33872

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SEELY, FREDERICK A
3039 OAKHILL DR
AVON PARK, FL 33825 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: SEELY, FREDERICK A
Address: 3039 OAKHILL DR
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: MEYER, BOB
Address: 1 MATTHEW ST
City-St-Zip: SEBRING, FL 33870

Title: P ( ) Delete
Name: BLISS, JOHN
Address: 675 S KIMBERLEIGH RD
City-St-Zip: AVON PARK, FL 33825

Title: D ( ) Delete
Name: PORTER, EDGAR
Address: 302 PINE TREE LN
City-St-Zip: SEBRING, FL 33872

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change ( ) Addition
Name: SEELY, FREDERICK A
Address: 3039 OAKHILL DR
City-St-Zip: AVON PARK, FL 33825

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: SHIVER, ROSEMARIE
Address: 1208 VAN BUREN ST.
City-St-Zip: LAKE PLACID, FL 33852

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSEMARIE SHIVER S 04/05/2009
Electronic Signature of Signing Officer or Director — Date