2003 NOT-FOR-PROFIT CORPORATION

Jan 29, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** DOCUMENT # 742248 01-29-2003 90153 012 ****61.25 HIGHLANDS COUNTY AMATEUR RADIO CLUB, INC. Principal Place of Business Mailing Address POST OFFICE BOX 2149 POST OFFICE BOX 2149 LAKE PLACID FL 33852 LAKE PLACID FL 33852 2. Principal Place of Business Mailing Address Box 7441 Post Office Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES City & State Çity & State 4. FEI Number NOT APPLICABLE Applied For Not Applicable sepcino U.S.A Country \$8.75 Additional 5. Certificate of Status Desired USB Fee Required Hichland 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIBBLE, WILLIAM B Street Address P.O. Box Number is Not Acceptable) 3053 BIRCH RD LAKE PLACID FL 33852 Zip Code **3347**よ 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 ma of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. PD TITLE Delete TITLE Change ☐ Addition NAME. KORANDA, DARRELL NAME Whitmine Jr, Spencer 134 & Kissimmee Blud 3022 ESSEX COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP Avon Park 7 33825 ☐ Addition ☐ Change TITLE Delete TITLE WOLKOVE, BERNIE NAME Wilbanks, Suzanne NAME 6824 S C-17 STREET ADDRESS STREET ADDRESS 2003 Flower Tem CITY-ST-ZIP SEBRING FL CITY-ST-ZIE 33875 Sebrina. SD THILE - 💢 Delete TITLE ☐ Change ☐ Addition -5 D---RANKIN, Tracy DIBBLE, WILLIAM NAME NAME 3053 BIRCH RD. 4021 Thunderbird Rd #2 STREET ADDRESS STREET ADDRESS LAKE PLACID FL CITY-ST-ZIP CITY-ST-ZIP Debring, <u>33872</u> TITLE Change ☐ Addition TITLE ☐ Delete HUTCHINS, FRANK NAME NAME 2004 LAKE JOSEPHINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33872 Peiffer, Herman ☐ Addition TITLE **X** Delete TITLE ☐ Change NAME BURTON, WAYNE NAME 103 Villa Aue 1301 NAHAW AVENUE STREET ADDRESS STREET ADDRESS Lake Placid CITY-ST-ZIP SEBRING FL 33870 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition Ward, F. Norman NAME NAME

12. I 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 report or supplemental report is after 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 employered 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

254 GRISSON ROAD NW

LAKE PLACID FL 33852

FILED