2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2006 8:00 am
Secretary of State
03-27-2006 90273 017 ****61.25

DOCUMENT # N05000001660

1. Entity Name

SPORTSMAN'S PARADISE AMATEUR RADIO CLUB, INC.

Principal Place of Business	Mailing Address
236 TAFFLINGER RD CRAWFORDVILLE FL 32327	236 TAFFLINGER RD CRAWFORDVILLE FL 32327

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	PO BOX 1840 Suite, Apt. #, etc.
City & State	City & State: CRAWFORDVILLE FL
Zip / Country	Zip: 32326 / Country: WAKULLA

1st MOORE CR2E037 (10/05)

4. FEI Number: ☑ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MOORE, GREG
236 TAFFLINGER RD
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, ED	NAME	
STREET ADDRESS	281 OLD MAGNOLIA RD	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	V ☑ Change ☐ Addition
NAME	MOORE, GREG	NAME	
STREET ADDRESS	236 TAFFLINGER RD	STREET ADDRESS	CHANGE TITLE ONLY
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MILLER, JUDY	NAME	
STREET ADDRESS	281 OLD MAGNOLIA RD	STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	T ☐ Change ☒ Addition
NAME		NAME	WARNER P GARRISON
STREET ADDRESS		STREET ADDRESS	2149 SHADEVILLE RD
CITY-ST-ZIP		CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: WARNER P. GARRISON Warner P Garrison TREASURER 850-926-4636
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #