

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90034 023 ****61.25

| | | | | | |
|--|---------------------------------|---|---|--|--|
| DOCUMENT # N11932 1. Entity Name THE SKY HIGH AMATEUR RADIO CLUB, INCORPORATED | | | | | |
| Principal Place of Business P O BOX 572 LECANTO, FL 34460-0572 US | | | | Mailing Address <i>4575</i> 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465 US | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 4. FEI Number 59-2643904 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent <i>4575</i> BRYANT, DONALD 4525 N. BUFFALO DR. BEVERLY HILLS, FL 34465 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$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 | <input checked="" type="checkbox"/> Delete | TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BYBERG, WILLIAM | | NAME | EDWARD ROGALLA | |
| STREET ADDRESS | 7 HOPTREE COURT | | STREET ADDRESS | 5740 CALGARY | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | | CITY-ST-ZIP | INVERNESS, FL 34452 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | ROGALLA, EDWARD | | NAME | ARTHUR RAPELYE | |
| STREET ADDRESS | 5740 CALGARY | | STREET ADDRESS | 100 S. LINCOLN AVE | |
| CITY-ST-ZIP | INVERNESS, FL 34452 | | CITY-ST-ZIP | BEVERLY HILLS, FL 34465 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | |
| NAME | SHARRON BRYANT, SAMRON | | NAME | | |
| STREET ADDRESS | 4575 N. BUFFALO DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | BEVERLY HILLS, FL 34465 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | |
| NAME | BRYANT, DONALD | | NAME | | |
| STREET ADDRESS | 4525 N. BUFFALO DR. <i>4575</i> | | STREET ADDRESS | | |
| CITY-ST-ZIP | BEVERLY HILLS, FL 34465 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | MARCHESE, CARL | | NAME | | |
| STREET ADDRESS | 6986 W. BERRIGAN CT. | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOMOSASSA, FL 34446 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | ROBINSON, ROBERT | | NAME | | |
| STREET ADDRESS | 5642 S. OAKRIDGE DR. | | STREET ADDRESS | | |
| CITY-ST-ZIP | HOMOSASSA, FL 34448 | | 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: DONALD BRYANT - TREASURER - <i>[Signature]</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> 4-9-07 <small>Daytime Phone #</small> 352-527-6828 | | |

ATTACHMENT. 40060504
#N11932

BLOCK 10 (CONTINUED)

D

Hilda Weaver Delete
8061 N. Golfview Dr.
Citrus Springs, Fl. 34434

D

Robert Waibel Addition
3830 N. Briarberry Pt.
Beverly Hills, Fl. 34465