

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N35954 1. Entity Name TWIN CITIES AMATEUR RADIO CLUB, INC.	
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Principal Place of Business % BRADLEY J. MAFFEI 406 TIGER POINT DRIVE NICEVILLE, FL 32578 US	Mailing Address % BRADLEY J. MAFFEI 406 TIGER POINT DR NICEVILLE FL, 32578 US
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01062004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2985839	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MAFFEI, BRADLEY J. 406 TIGER POINT DRIVE NICEVILLE, FL 32578	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAFFEI, BRADLEY J. 406 TIGER POINT DR NICEVILLE FL, 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, HOWARD T. 58 HIDDEN COVE VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIKLES, CHRISTIAN I. 425 GOVERNMENT ST VALPARAISO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/04-80061-020 61.25

**DO NOT WRITE
IN THIS SPACE**

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 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: Bradley J Maffei Bradley J Maffei 2-23-04 850-678-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #