FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 10 PM 1:49

DOCUMENT # N43818 (6)

1. Corporation Name
FLAGLER-PALM COAST AMATEUR RADIO CLUB INC.

Principal Place of Business	Mailing Address
1200 E MOODY BLVD C.O. HEADQUARTERS BUNNELL FL 32110 US	P.O. BOX 353282 N/A PALM COAST FL 32135 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1991	3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3004188	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

NOVOTNY, ROBERT
5 COLONIAL COURT
PALM COAST FL 32135

10. Name and Address of New Registered Agent

81 Name: ERICSON, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 10 CHERRY CT
83
84 City: PALM COAST **FL** 85 Zip Code: 32137

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Paul L. Ericson — April 4, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	SNOW, DAVE	1.2 NAME	MOFFETT, DAIL	
STREET ADDRESS	3 WESTLAMAR PL	1.3 STREET ADDRESS	90 BLACKBEAR LN	
CITY-ST-ZIP	PALM COAST FL	1.4 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DV	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	CROSSMAN, WALTER	2.2 NAME	FOSTER, ERIC	
STREET ADDRESS	43 FELING LN	2.3 STREET ADDRESS	12 CURRY CT	
CITY-ST-ZIP	PALM COAST FL	2.4 CITY-ST-ZIP	PALM COAST FL 32137	
TITLE	DT	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	NOVOTNY, ROBERT	3.2 NAME	ERICSON, PAUL	
STREET ADDRESS	5 COLONIAL COURT	3.3 STREET ADDRESS	10 CHERRY CT	
CITY-ST-ZIP	PALM COAST FL	3.4 CITY-ST-ZIP	PALM COAST, FL 32137	
TITLE		4.1 TITLE	DS	☐ Change ☒ Addition
NAME		4.2 NAME	RIVETTI, HENRY	
STREET ADDRESS		4.3 STREET ADDRESS	71 WENTWORTH LANE	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PALM COAST FL 32164	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dail L Moffett — DAIL MOFFETT — 4/4/95 — 904-445-7951
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #