FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

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. HEADQUATERS BUNNELL FL 32110 US	P.O. BOX 353282 N/A PALM COAST FL 32135 US

3. Date Incorporated or Qualified: 06/10/1991	3a. Date of Last Report: 04/10/1995
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
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

ERICSON, PAUL
10 CHERRY CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	11 TITLE	DP	☒ Change ☐ Addition
NAME	MOFFETT, DAIL		12 NAME	JOSEPH PARKE	
STREET ADDRESS	90 BLACKBEAR LANE		13 STREET ADDRESS	7 CONCORD DRIVE	
CITY-ST-ZIP	PALM COAST FL		14 CITY-ST-ZIP	ORMOND BEACH, FL 32176	
TITLE	DV	☒ DELETE	21 TITLE	DV	☒ Change ☐ Addition
NAME	FOSTER, ERIC		22 NAME	ROBERT PICKERING	
STREET ADDRESS	12 CURRY CT		23 STREET ADDRESS	PO BOX 350918 N/A	
CITY-ST-ZIP	PALM COAST FL		24 CITY-ST-ZIP	PALM COAST, FL 32135	
TITLE	DT	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	ERICSON, PAUL		32 NAME		
STREET ADDRESS	10 CHERRY CT		33 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		34 CITY-ST-ZIP		
TITLE	DS	☒ DELETE	41 TITLE	DS	☒ Change ☐ Addition
NAME	RIVETTI, HENRY		42 NAME	JOHN LICCARDO	
STREET ADDRESS	71 WENTWORTH LANE		43 STREET ADDRESS	PO BOX 247 N/A	
CITY-ST-ZIP	PALM COAST FL		44 CITY-ST-ZIP	FLAGLER BEACH, FL 32136	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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)(k), 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: Paul G. Ericson FEB 12, 1996 (904) 445-1940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #