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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
200 E MOODY BLVD C.O. HEADQUATERS BUNNELL FL 32110 US	P.O. BOX 353282 N/A PALM COAST FL 32135-3282 US

3. Date Incorporated or Qualified: 06/10/1991	3a. Date of Last Report: 02/16/1996
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 3000 Palm Coast Pkwy	26
Suite, Apt. #, etc. 22 DBCC Campus	Suite, Apt. #, etc. 27
City & State 23 Palm Coast, Fl.	City & State 28
Zip: 24 32137 Country: 25 U.S.A.	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: JOHN LICCARDO
82 Street Address (P.O. Box Number is Not Acceptable): 629 RIVERVIEW RD.
83
84 City: FLAGLER, FL 85 Zip Code: 32136

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: JOHN LICCARDO — John Liccardo — 4/11/97
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	☐ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	PARKE, JOSEPH		1.2 NAME	HOLLEY, THOMAS	
STREET ADDRESS	7 CONCORD DRIVE		1.3 STREET ADDRESS	51 BLAKEMORE DR.	
CITY-ST-ZIP	ORMOND BEACH FL		1.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	DV	☐ DELETE	2.1 TITLE	DV	☒ Change ☐ Addition
NAME	PICKERING, ROBERT		2.2 NAME	Libby, Donald	
STREET ADDRESS	P.O. BOX 350918 NA		2.3 STREET ADDRESS	11 CHERRY CT.	
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
TITLE	DT	☐ DELETE	3.1 TITLE	DT	☒ Change ☐ Addition
NAME	ERICSON, PAUL		3.2 NAME	Liccardo, John	
STREET ADDRESS	10 CHERRY CT		3.3 STREET ADDRESS	629 Riverview RD.	
CITY-ST-ZIP	PALM COAST FL		3.4 CITY-ST-ZIP	Flagler, Fl. 32136	
TITLE	DS	☐ DELETE	4.1 TITLE	DS	☒ Change ☐ Addition
NAME	LICCARDO, JOHN		4.2 NAME	Garrett, David	
STREET ADDRESS	P.O. BOX 247 NA		4.3 STREET ADDRESS	19 Winchester Pl.	
CITY-ST-ZIP	FLGLER BEACH FL		4.4 CITY-ST-ZIP	Palm Coast, Fl. 32164	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: John Liccardo — JOHN LICCARDO — 4/11/97 — 904-439-9232