FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jun 25 1998 8:00am
Secretary of State

DOCUMENT # N43818 (6)

1. Corporation Name

FLAGLER -PALM COAST AMATEUR RADIO CLUB INC.

Principal Place of Business
3000 PALM COAST PKWAY
DBCC CAMPUS
PALM COAST FL 32137
US

Mailing Address
P.O. BOX 353282 N/A
PALM COAST FL 32135
US

3. Date Incorporated or Qualified: 06/10/1991

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business 21 ___ Suite, Apt. #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

LICCARDO, JOHN
629 RIVERVIEW RD
FLGLER FL 32136

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

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	~~HOLLEY, THOMAS~~	
STREET ADDRESS	~~51 BLAKEMORE DR~~	
CITY-ST-ZIP	~~PALM COAST FL~~	
TITLE	DV	☐ DELETE
NAME	~~LIBBY, DONALD~~	
STREET ADDRESS	~~11 CHERRY CT~~	
CITY-ST-ZIP	~~PALM COAST FL~~	
TITLE	DT	☐ DELETE
NAME	LICCARDO, JOHN	
STREET ADDRESS	629 RIVERVIEW RD	
CITY-ST-ZIP	FLGLER FL	
TITLE	DS	☐ DELETE
NAME	~~GARRETT, DAVID~~	
STREET ADDRESS	~~10 WINCHESTER PL~~	
CITY-ST-ZIP	~~PALM COAST FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP D PRESIDENT	☑ Change ☐ Addition
1.2 NAME	JAY MUSIKAR	
1.3 STREET ADDRESS	81 FERN MILL LANE	
1.4 CITY-ST-ZIP	Palm Coast, Fl. 32136-9105	
2.1 TITLE	DV D VICE PRESIDENT	☑ Change ☐ Addition
2.2 NAME	FRED MARESCO	
2.3 STREET ADDRESS	10 BLAKEPORT LN.	
2.4 CITY-ST-ZIP	Palm Coast, Fl. 32137	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	☑ Change ☐ Addition
4.2 NAME	Bob Pickering	
4.3 STREET ADDRESS	~~P.O. BOX 350918~~ 286 Wellington DR.	
4.4 CITY-ST-ZIP	Palm Coast, Fl. ~~32135~~ 32164	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: [signature] John A. Liccardo 4/9/98 [illegible]