## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## Secretary of State DOCUMENT # N43818 03-06-2006 90015 017 \*\*\*\*61.25 FLAGLER -PALM COAST AMATEUR RADIO CLUB INC. Principal Place of Business Mailing Address 1200 E. MOODY BLVD P.O. BOX 353282 N/A **EOC BUILDING** PALM COAST, FL 32135 BUNNELL, FL 32110 2. Principal Place of Business 3. Mailing Address 9 PEBBLEWOOD Suite, Apt. #, etc. 03012006 Chg-NP CR2E037 (11/05) Sity & State COAST 4. FEI Number 59-3004188 City & State Applied For Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired FLAGLER Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FRANK SANITA IPOLYI, GEORGE Street Address (P.O. Box Number is Not Acceptable) **6 MONTAUK COURT** PALM COAST, FL 32164-4271 8 EAGLE 8. The above named entity submits this statement for the purpose of changing its registered office or the obligations of registered agent SIGNATURE FRANK \$5.00 May Be Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2006 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE Delete TITLE Addition Change RICHARD FRIESS 9 PEBBLEWOOD LA PAIM COAST FL **BILLINGS, JAMES** NAME NAME STREET ADDRESS 13 FRANCISCAN LANE STREET ADORESS CITY-ST-7/P PALM COAST, FL 321378426 CITY-ST-7P 32164 Delete TITLE ☐ Change WILLIAM CREAGER PEPPER, HOWARD MAKE MAME 44 KALAMAZOO TRAIL STREET ADDRESS 3 CARR LANE STREET ADDRESS PALM COAST FL 32164 CITY-ST-7/P PALM COAST, FL 321378173 CITY-ST-7/P TITLE Delete TITS.E FRANK SANITA NAME CINELLI, ANTHONY NAME 13 ELLSWORTH DRIVE STREET ANORESS STREET ADDRESS CITY-ST-ZIP PALM COAST, FL 321646282 CITY-ST-ZIP Delete TITLE IPOLYI, GEORGE NAME NAME STREET ADORESS **6 MONTAUK COURT** STREET ADDRESS PALM COAST, FL 321644271 CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MALKE STREET ADDRESS STREET ADORESS CITY-ST-7P CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

**FILED** 

Mar 06, 2006 8:00 am

386 -