

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

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N44681

1. Entity Name
PALATKA AMATEUR RADIO CLUB, INC.



Principal Place of Business
**115 PENIEL CH. RD
PALATKA, FL 32177 US**

Mailing Address
**P.O. BOX 1802
PALATKA, FL 32178-1802**



02212008 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CANON, AUBREY
115 PENIEL CH. RD
PALATKA, FL 32177**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**1100000447811
03/08/06 80072-018 61.25**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANON, AUBREY
115 PENIEL CH RD
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COREY, NEAL
1915 WESTOVER DR.
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HUGHES, ED
2101 GEARY AVE.
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BRADFORD MARK
P.O. BOX 236 NA.
FLORAHOME, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MOTL, JEFF
103 W. FLAMINGO DR.
PALATKA, FL 32177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Aubrey Canon, Aubrey Canon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/06 (386)325-2492
Date Daytime Phone #