2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N44681

PALATKA AMATEUR RADIO CLUB, INC.



FILED Mar 01, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

115 PENIEL CH. RD

P.O. BOX 1802

PALATKA, FL 32177

PALATKA, FL 32178-1802



01162007 No Chg-NP

CR2E037 (4/06)

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

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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. (INOTE: Registered Agent signature required when reinstating) DATE						
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000653179 - 03/13/07-80009-024 61.25	
10.	OFFICERS AND DIRECTORS				<u></u>	
NAME STREET ADDRESS CITY-ST-ZIP	D CANON, AUBREY 115 PENIEL CH RD PALATKA, FL 32177					
NAME STREET ADDRESS CITY-ST-ZIP	D COREY, NEAL 1915 WESTOVER DR. PALATKA, FL 32177		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUGHES, ED 2101 GEARY AVE. PALATKA, FL 32177					
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						

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 cath; 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. Aubrey Canon (386-325-2492)

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP