

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

FILED
Sep 01, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002629

1. Entity Name
MILTON AMATEUR RADIO CLUB, INC.



Principal Place of Business
**12501 HWY 90 WEST
HOLT, FL 32564 US**

Mailing Address
**PO BOX 4072
MILTON, FL 32572-4072 US**



08292006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3704837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ARMSTRONG, HUGH
5442 SHAMROCK ST
MILTON, FL 32570**

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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 September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000575892
09/01/06-80005-007 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
FORD, STEVE
4812 SHELL RD.
MILTON, FL 32583**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MANNING, TOM
4349 BARCLAY PL.
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
LYLE, DAVE
12531 HWY 90 W
HOLT, FL 32564**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
YARBROUGH, WALTER
4301 BELL LANE
PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JARVIS, WARREN
6206 GREENWOOD DR
MILTON, FL 32570**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *William D. Lyle* *William Dave Lyle* *29 August 2006* *850-626-7663*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #