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

DOCUMENT # N44224

(6)

OCALA RADIO CONTROLLED CAR CLUB, INC.

										1816 BJBF: I			
Principal Place of Business				Mailing Address				- L TOUTHER BAT DIGHT BROKE THEN LIGHT DIET DIET DEFIL DIET DEFIL DIET BLOKE GIBT EIGHT LIGHT					
P. O. BOX 70168 OCALA FL 34470 US				P. O. BOX 70166 OCALA FL 34470 US			3. Date Incorporated or Qualified 07/03/1991						
								4.	FEI Number	L	Applied For		
		_						l .	59-3077297	_	Not Applicable		
2. 21	2. Principal Place of Business			2a, Mailing Address 26			5.	Certificate of Status Desired	\$8.75 Additional Fee Required				
22	Suite, Apt. #, etc.			Suite, Apt. #, etc.			6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
23	City & State			City & State			7. Is this nonprofit corporation a homeowners association?						
24	Zip	Country 25	29	Zip	Country 30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No					
9. Name and Address of Current Registered Agent								10.), Name and Address of New Registered Agent				
	0110014 0777					81	Name						
	SHOOK, STEVE 3500 SE 30TH TERR.					82	Street Addre	ess (P.O. Box Number is Not Acceptable)					
	OCALA FL 34471					83		-			_		
						84	City			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.

agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.												
SIGNATURE Slossiture, Noed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
12.	OFFICERS AND DIRE		■ 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12									
TITLE	\$.	DELETE	1.1 TITLE	VD 1	☐ Change	Addition						
NAME	SHOOK, STEVE		1.2 NAME	ROSS, CAYL 275 SW80 HAVE								
STREET ADDRESS	3500 SE 30TH TERR		1.3 STREET ADDRESS	275 5W80 HVY								
CITY-ST-ZIP	OCALA FL		1.4 CITY-ST-ZIP	OCA1A, Fl. 34471	_							
TITLE	D	DELETE	2.1 TITLE	Δ	Change	➤ Addition						
NAME	STRUYK, ROBERT		2.2 NAME	MALLER, WANKY								
STREET ADDRESS	6980 NW WIRE ROAD		2.3 STREET ADDRESS	Mayer, DANNY 6450 NW GIST AVE								
CITY-ST-ZIP	OCALA FL		2. 4 CITY-ST-ZIP	Deala . F. 3-1475								
TITLE	VD	DELETE	3.1 TITLE	0	M Change	Addition						
NAME	MARTIN, JACK		3.2 NAME	MANTIN, JACK 131 NE 174 Pine Stel		ĺ						
STREET ADDRESS	131 NE 17 PLACE, STE C		3.3 STREET ADDRESS	131 NE 17th Pine SteC								
CITY-ST-ZIP	OACALA FL		3.4. CITY-ST-ZIP	ACA 14, Fl. 34470								
TITLE	P	☐ DELETE	4.1 TITLE	0	Change	Addition						
NAME	CHRISTMAS, DOUGLAS		4, 2 NAME	LAW, Scott								
STREET ADDRESS	2705 NE 3RD AVE		4.3 STREET ADDRESS	2807 SE 180 154.								
CITY-ST-ZIP	OCALA FL		4.4 CITY-ST-ZIP	LAW, Scott 2807 SE 180KH. Summer Field, F1. 3449,								
TITLE	Ď	DELETE	5,1 TITLE		☐ Change	Addition						
NAME	DAVIS, BRUCE		5,2 NAME									
STREET ADDRESS	67A4 RT 2		5,3 STREET ADDRESS			ĺ						
CITY-ST-ZIP	OCKLAWAHA FL		5.4 CITY-ST-ZIP									
TITLE	TD .	DELETE	6.1 TITLE	TO	Change	X Addition						
NAME	Danvers, Susan	•	6.2 NAME	LAIV, BONITA 2807 SE 180+654. Summerfield FT. 34491		_]						
STREET ADDRESS	8118 N.W. 60TH AVENUE		6,3 STREET ADDRESS	2807 SE 180 154.		ļ						
CITY-ST-ZiP	OCALA FL 34482		6.4 CITY-ST-ZIP	Summerfield ,47. 34491								

14. I hereby certify that the information supplied with this filling 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 13 if changed, or on an affectment with an address,

SIGNATURE:

HM 4178 Have) 15 Janle

1-29-98 3523691144

FILED

Feb 04 1998 8:00am

Secretary of State

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