


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

**FILED**  
**Mar 14, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N44224</b> 1. Entity Name OCALA RADIO CONTROLLED CAR CLUB, INC.	
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Principal Place of Business 3500 SW 67TH AVENUE OCALA, FL 34474 US	Mailing Address P. O. BOX 6932 OCALA, FL 34478 US
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03122006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3077297	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENYON, DANIEL  
 3500 SW 67TH AVENUE  
 OCALA, FL 34474

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinitiating) \_\_\_\_\_ 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KENYON, DANIEL P.O. BOX 6932 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TATE, JAMES P.O. BOX 6932 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, GARY P.O. BOX 6932 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYER, DANNY P.O. BOX 6932 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, BILL P.O. BOX 6932 OCALA, FL 34478
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T HAMILTON, BONITA P.O. BOX 6932 OCALA, FL 34478

000000467303  
 03/23/06-80045-022 61.25

**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: *Bonita Hamilton* 3-13-06 352-873-6569

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #