


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 31, 2005 8:00 am
Secretary of State

05-31-2005 90009 016 ****61.25

DOCUMENT # N94000001245					
1. Entity Name VRC-50 ASSOCIATION, INC.					
Principal Place of Business 1268 PALM BLUFF DR APOPKA, FL 32712			Mailing Address 1268 PALM BLUFF DR APOPKA, FL 32712		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
STAPLES, CLINT 1268 PALM BLUFF DR APOPKA, FL 32712				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ DATE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD D. RUYLE		NAME	George Dow	
STREET ADDRESS	17166 STAUNTON		STREET ADDRESS	110 Funnis brooke Ave.	
CITY-ST-ZIP	STAUNTON, IL 62088		CITY-ST-ZIP	Greenwood IN 46142	
TITLE	BMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELANGER, EUGENE JR		NAME		
STREET ADDRESS	4321 ILLINOIS AVE		STREET ADDRESS		
CITY-ST-ZIP	KENNER, LA 70065		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IDSO, DAN		NAME		
STREET ADDRESS	111 SUMMER PLACE		STREET ADDRESS		
CITY-ST-ZIP	ENUNDAW, WA 98022		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILOWIC, WALTER J		NAME	Rod Hogsdon	
STREET ADDRESS	717 CURRITUCK DR		STREET ADDRESS	408 Plainview Drive	
CITY-ST-ZIP	RALEIGH, NC 27609		CITY-ST-ZIP	Bolingbrook, IL 60440	
TITLE	BMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEL, MIKE		NAME		
STREET ADDRESS	13413 MOUNTAIN VIEW NORTHEAST		STREET ADDRESS		
CITY-ST-ZIP	ALBUQUERQUE, NM 87123		CITY-ST-ZIP		
TITLE	BMD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMICK, RON		NAME		
STREET ADDRESS	1076 KISTAP TERRACE		STREET ADDRESS		
CITY-ST-ZIP	OAK HARBOR, WA 98277		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Richard D. Ruyle</u>		Date: <u>5-24-05</u>		Daytime Phone #: <u>618-433-0141</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					