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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 708639

 Corporation 	n Name					
RADIO CONTROL CLUB OF JACKSONVILLE, INC.			- 1510E - 160H11	11469/ - 2013/ - 20		
1111010						ノ
	·····					
Principal Place		Mailing Address				
PO BOX 15203	='	PO BOX 15203				
JACKSONVILLE FL 32239 JACKSONVILLE FL 32239 US US						
		•				
—	Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed		
21		26 Suite Ast # etc		03/16/1965 4. FEI Number	I IAnn	lied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-2873656		Applicable
City & Stat	te .	City & State			\$8.75 A	
23		28		5. Certifcate of Status Desired	Fee Rec	
Zip	Country	Zip	Country	6. Election Campaign Financing	¬ \$5.00 i	May Be
24	25	29	0	Trust Fund Contribution	Added to	
1	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	istered Agent	
			81 Name	Rick FERRY SR.		
BRIGGS, ROBERT E		82 Street	Address (P.O. Box Number is Not Acceptable	a)	-	
3716 LAFFITTES WAY		94	12 GENNA TRACE TRAIL			
YULLE FL	32077		83			
			84 City _		FL 85 Zip C	ode
44 ":	047.0500	- 1047 4500 Ft. 114 Obs. 4-0	the above period	TRKSONUILE corporation submits this statement for the pu		
office or n	enistered agent or both in the State o	f Florida. Such change was auti	horized by the corpo	pration's board of directors. I hereby accept the	he appointment as reg	istered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Fibrio	ia Statutes.	•		
agent. I a SIGNATURE	Richard P. Frence de	ag	ia Statutes. Jegistered Agent signature n	1-18-98	DATE	
-	~ \ \	PD and title if applicable. (NOTE: R		1-18-98	ERS AND DIRECTOR	RS IN 12
SIGNATURE	Stynature, typed or printed name of registered agent	PD and title if applicable. (NOTE: R	egistered Agent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE PD		
SIGNATURE	Signature, typed or printed name of registered sport OFFICERS AND	PD and life if applicable. (NOTE: R D DIRECTORS	egistered Agent signature n	equired when reinstating) ADDITIONS/CHANGES TO OFFICE PD RESEX FERRY, SR Rick	ERS AND DIRECTOR	RS IN 12
SIGNATURE 12.	Signature, typed or printed name of registered agent OFFICERS AND PD BRIGGS, ROBERT E	PD and life if applicable. (NOTE: R D DIRECTORS	egistered Agent signature n 13.	equired when reinstating) ADDITIONS/CHANGES TO OFFICE PD	ERS AND DIRECTOR	RS IN 12
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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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: Rich

CITY-ST-ZIP