

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90197 030 ****61.25

0006288

DOCUMENT # 708639

1. Corporation Name

RADIO CONTROL CLUB OF JACKSONVILLE, INC.

114697 - 90197 - 30

Principal Place of Business

PO BOX 15203
JACKSONVILLE FL 32239
US

Mailing Address

PO BOX 15203
JACKSONVILLE FL 32239
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/16/1965

4. FEI Number

59-2873656

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BRIGGS, ROBERT E
3716 LAFFITTES WAY
YULLE FL 32077

10. Name and Address of New Registered Agent

81 Name Rick FERRY SR.
82 Street Address (P.O. Box Number is Not Acceptable)
9412 GENNA TRACE TRAIL
83
84 City JACKSONVILLE FL 85 Zip Code 32257

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.

SIGNATURE Richard P. Ferry, Jr. PD
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BRIGGS, ROBERT E
STREET ADDRESS 3716 LAFFITTES WAY
CITY-ST-ZIP YULLE FL ☒ DELETE

TITLE VD
NAME FERRY, RICK
STREET ADDRESS 9412 GENNA TRACE TRAIL
CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ DELETE

TITLE SD
NAME ALEXANDER, DON
STREET ADDRESS 4415 WHISPERING INLET DR
CITY-ST-ZIP JACKSONVILLE FL 32277 ☐ DELETE

TITLE TD
NAME BOTTENSEK, JOHN
STREET ADDRESS 6074 TERRY PARKER DR S
CITY-ST-ZIP JACKSONVILLE FL 32211 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RICK FERRY, SR RICK
1.3 STREET ADDRESS 9412 GENNA TRACE TRAIL
1.4 CITY-ST-ZIP JACKSONVILLE FL 32257 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME HAYES, ED
2.3 STREET ADDRESS 4418 BEACON DR. W
2.4 CITY-ST-ZIP JACKSONVILLE FL 32225 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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.

SIGNATURE: Richard P. Ferry, Jr. PD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-99

904-730-9619

Date

Daytime Phone #

CR2E037 (1/98)