2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# 708639

Entity Name: RADIO CONTROL CLUB OF JACKSONVILLE, INC.

Current Principal Place of Business:

4825 ISLAND DR
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

RADIO CONTROL OF JACKSONVILLE
PO BOX 15203
JACKSONVILLE, FL 32239 US

New Mailing Address:

FEI Number: 59-2873656 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HENK, DAVID C
4006 LANDFALL LANE
JACKSONVILLE, FL 32250 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	TAYLOR, ROBERT	
Address:	7112 FT. CAROLINE RD.	
City-St-Zip:	JACKSONVILLE, FL 32277	
Title:	VD	( ) Delete
Name:	GRAY, MARTIN	
Address:	3344 SANTUARY BLVD.	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	SD	( ) Delete
Name:	DOLAN, PATRICK	
Address:	4539 GRASSEY CAY LANE	
City-St-Zip:	JACKSONVILLE, FL 32224	
Title:	TD	( ) Delete
Name:	HENK, DAVID C	
Address:	4006 LANDFALL LANE	
City-St-Zip:	JACKSONVILLE, FL 32250	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID C. HENK TD 01/14/2009

Electronic Signature of Signing Officer or Director — Date