

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N51159

**FILED**  
**Feb 10, 2019**  
**Secretary of State**  
**3935061244CC**

**Entity Name:** R/C FLIERS OF VENICE, INC.

**Current Principal Place of Business:**

4000 KNIGHTS TRAIL ROAD  
NOKOMIS, FL 34275

**Current Mailing Address:**

222 PADOVA WAY  
NOKOMIS, FL 34275 US

**FEI Number:** 65-0385887

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

WALTERS, DAVID E  
222 PADOVA WAY  
NOKOMIS, FL 34275 US

*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:** DAVID E WALTERS

02/10/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HULLHORST, JIM  
Address        262 BAINBRIDGE DR.  
City-State-Zip: NOKOMIS FL 34275

Title            DIRECTOR  
Name            BADER, ROBERT  
Address        6071 ORCHIS RD>  
City-State-Zip: VENICE FL 34293

Title            VP  
Name            ALLEN, JEFFREY  
Address        1852 UNIVERSITY PARKWAY  
City-State-Zip: SARASOTA FL 34243

Title            DIRECTOR  
Name            SILENCE, RONALD  
Address        205 VISTORIA DR  
City-State-Zip: NORTH PORT FL 34287

Title            DIRECTOR  
Name            SCHAEFER, MIKE  
Address        5013 TRESTLE CT.  
City-State-Zip: SARASOTA FL 34238

Title            TREASURER  
Name            WALTERS, DAVID  
Address        222 PADOVA WAY  
City-State-Zip: VENICE FL 34275

Title            SECRETARY  
Name            CHAPMAN, SYD  
Address        1925 SAN SILVESTRO  
City-State-Zip: VENICE FL 34292

Title            SAFETY OFFICER  
Name            CANADY, JACK  
Address        1960 BATELLO DR  
City-State-Zip: VENICE FL 34292

*I hereby 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 all other like empowered.*

**SIGNATURE:** DAVID E WALTERS

**TREASURER**

02/10/2019

Electronic Signature of Signing Officer/Director Detail

Date