

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90004 007 ****61.25

DOCUMENT # 706419

1. Entity Name
SUNCOAST AERO MODELERS, INC.



Principal Place of Business
**P.O. BOX 5147
 CLEARWATER, FL 33758**

Mailing Address
**P.O. BOX 5147
 CLEARWATER, FL 33758**

DO NOT WRITE IN THIS SPACE



01052004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2491412	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LECHNER, BERNARD J., ATTY.
 2115 RANGE RD
 CLEARWATER, FL 33756**

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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, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PILZ, WILLIAM 2030 HIDDEN LAKES DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SLOGGETT, RICHARD L 3537 WOODMUSE DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WORDON, THEODORE 90 S. HIGHLAND AVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THOMSON, DONALD 836 PARK CRT PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTLEWORTH, ROBERT 1309 HILLSIDE DR TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Donald J. Thomson* **4/15/04** **727 787-5252**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #