

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

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



01042005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2491412

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PILZ, WILLIAM
STREET ADDRESS 2030 HIDDEN LAKES DR
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE VD
NAME SLOGGETT, RICHARD L
STREET ADDRESS 3537 WOODMUSE DR
CITY-ST-ZIP HOLIDAY, FL 34691

TITLE SD
NAME WORDON, THEODORE
STREET ADDRESS 90 S. HIGHLAND AVE
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE TD
NAME THOMSON, DONALD
STREET ADDRESS 836 PARK CRT
CITY-ST-ZIP PALM HARBOR, FL 34683

TITLE D
NAME WATTLEWORTH, ROBERT
STREET ADDRESS 1309 HILLSIDE DR
CITY-ST-ZIP TARPON SPRINGS, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000297519
04/11/05-80029-018 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/2005 727-787-5252