

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 18, 2006 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**

**DO NOT WRITE IN THIS SPACE**



08092006 No Chg-NP

CR2E037 (4/06)

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 September 6, 2006**

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

000000574714  
08/18/06-80004-004 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

*Donald J. Thomson*  
8/15/06 (727) 787-5252  
Date Daytime Phone #