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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

THE IMPERIAL RADIO CONTROL CLUB, INC.

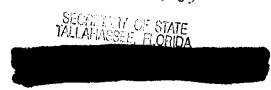
Principal Place of Business

Mailing Address

PO BOX 6662

PO BOX 6662 LAKELAND FL 33807-6662

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DARCEMENT IL S	,	ENCENAD I E 00001-000E					
					3. Date Incorporated or Qualified 01/31/1969	3a. Date of Last Report 02/01/1996	
	ace of Business	2a. Maung Address	laung Address		4. FEI Number	Applied For	
21 26		26			51-0205427	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		U. Certificate of Status Desired	Fee Required		
City & State	1	City & State		6. Election Campaign Financing	\$5.00 May Be		
23 28					Trust Fund Contribution	Added to Fees	
Zıp	Country Zip Country		/	8. This corporation has liability for			
24	25	29 3	0			Yes X No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	glatered Agent	
				81 Name			
MELAND, RICHARD A.				82 Street Address (P.O. Box Number is Not Acceptable)			
826 WEDGEWOOD							
LAKELAND FL 33803				-07/08/3701043003			
			84	City	*****	1.2 ************************************	
11. Pursuan: to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent is am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature Typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS				ADDITIONS/CHANGES TO CEFT	CERS AME IT RECTORS AND	
TITLE	D	☐ DELETE	1.1 TITLE			Change Addition	
NAME	SMITH, JAMES		1.2 NAME				
STREET ADDRESS	TAR FORFAT DR			T ADDRESS	1 mmp		
DITY-ST-ZIP	MULBERRY FL		1.4 C(TY)	1	Shine		
TITLE			2.1 TITLE	<u> </u>	5 mme	Change Addition	
NAME	MILLER, DEE		2.2 NAME				
STREET ADDRESS	86 SHADOW LANE		2.3 STREET ADDRESS		5 mme	1	
CITY-ST-ZIP	LAUPI AND PI		2. 4 CiTY-				
TITLE			3.1 TITLE	31-211	 	Change Addition	
NĂME	HOLDER, GEORGE		3.2 NAME		0		
STREET ADDRESS	PO BOX 5901 N/A			T ADDRESS	5 me)	
CITY-ST-ZIP	LAKELAND FL						
TITLE	T	DELETE	3.4. CITY-	31-£IF		Change Addition	
NAME	MINTZ, WILLIAM		4.2 NAME		_		
STREET ADDRESS	111 ELM SQUARE SOUTH		1	1 ADDRESS	SAME	ì	
CITY-ST-ZIP	LAKELAND FL					_	
TITLE	V	DELETE	4.4 CITY- 5.1 TITLE	51.71		Chand LaddiiA	
NAME	PATTERSON, CHARLES	C Other	5.2 NAME				
STREET ADDRESS	928 FOREST LAKE DRIVE		1	T PODDECO	SAMP		
CITY-ST-ZIP	LAKELAND FL		1	T ADDRESS	10000	· / /(*)	
TITLE	DANEDARD FE	DELETE	5.4 DITY - 6.1 TITLE	S1 · ZIP		Change Addition	
NAME	BURDIN, JOHN	Em Attric			_1/	CT Comple CT Violation	
l	POST OFFICE BOX 5335		6.2 NAME		Some MI	7	
STREET ADDRESS				T ADDRESS	Julius 11	·	
CITY-ST-ZIP	LAKELAND FL	of with the dilate state and a 100	64 CITY-		die Seellen 110 07/0/00 Finalis Office		
ra i do nere:	ay dentity that the information supplie	io with this tiling does not qualify	for the ex-	emption state	d in Section 119.07(3)(i). Florida Statut	as, i further certity that the	

Information supplies with this the information supplies with this time does not quality for the exemption stated in Section 119.07(3)(). Florida Statutes: Intrine certify that the information supplies with this time 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: __

117/97 941-646-6406