

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 JUL -7 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715974 (2)
1. Corporation Name
THE IMPERIAL RADIO CONTROL CLUB, INC.

Principal Place of Business Mailing Address
PO BOX 6662 PO BOX 6662
LAKELAND FL 33807 LAKELAND FL 33807-6662

3. Date Incorporated or Qualified **01/31/1969** 3a. Date of Last Report **02/01/1996**

| | | | |
|--------------------------------|---------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number 51-0205427 | Applied For <input type="checkbox"/> Not Applicable |
| 21 | 26 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 22 | 27 | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| City & State | City & State | | |
| 23 | 28 | | |
| Zip | Country | | |
| 24 | 25 | | |
| | 29 | | |
| | 30 | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELAND, RICHARD A.
826 WEDGEWOOD
LAKELAND FL 33803

| | |
|---|--------------------------------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | 410002232164 -07/08/97-01043-1013 |
| 84 City | ***01.2 FL ***240025 |

11. Pursuant 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. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|----------------------------|-----------------------------------|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, JAMES | 1.2 NAME | |
| STREET ADDRESS | 4505 FOREST DR. | 1.3 STREET ADDRESS | <i>same</i> |
| CITY-ST-ZIP | MULBERRY FL | 1.4 CITY-ST-ZIP | |
| TITLE | P <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLER, DEE | 2.2 NAME | <i>same</i> |
| STREET ADDRESS | 86 SHADOW LANE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLDER, GEORGE | 3.2 NAME | <i>same</i> |
| STREET ADDRESS | PO BOX 5901 N/A | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MINTZ, WILLIAM | 4.2 NAME | <i>same</i> |
| STREET ADDRESS | 111 ELM SQUARE SOUTH | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 4.4 CITY-ST-ZIP | |
| TITLE | V <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATTERSON, CHARLES | 5.2 NAME | <i>same</i> |
| STREET ADDRESS | 928 FOREST LAKE DRIVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BURDIN, JOHN | 6.2 NAME | <i>same N/A</i> |
| STREET ADDRESS | POST OFFICE BOX 5335 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | LAKELAND FL | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Mintz* **william mintz** *1/17/97* **941-646-6406**

CR2E037 (9/96)