


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90012 044 ****61.25

0056927

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 715974

1. Corporation Name
THE IMPERIAL RADIO CONTROL CLUB, INC.

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/31/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI-Number 51-0205427
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent MILLER, DEE 86 SHADOW LANE LAKELAND FL 33813		10. Name and Address of New Registered Agent 81 Name NUNNALLEE, JIM 82 Street Address (P.O. Box Number is Not Acceptable) 300 N.E. THIRD ST 83 84 City FT. MEADE FL 85 Zip Code 33841	
--	--	---	--

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 *Jim Nunnallee* **JIM NUNNALLEE** DATE **4/10/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SMITH, JAMES		1.2 NAME SUNDET, WALLACE	
STREET ADDRESS 4505 FOREST DR.		1.3 STREET ADDRESS 223 SYLVIA CIRCLE	
CITY-ST-ZIP MULBERRY FL		1.4 CITY-ST-ZIP LAKELAND, FL 33813	
TITLE P	<input checked="" type="checkbox"/> DELETE	2.1 TITLE T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, DEE		2.2 NAME WASILEWSKI, DONALD	
STREET ADDRESS 86 SHADOW LANE		2.3 STREET ADDRESS 4647 KINGS POINT CT	
CITY-ST-ZIP LAKELAND FL		2.4 CITY-ST-ZIP LAKELAND, FL 33813	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SKINNER, NORMAN		3.2 NAME	
STREET ADDRESS 117 WOODSIDE DR		3.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL 33813		3.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE	4.1 TITLE V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MINTZ, WILLIAM		4.2 NAME	
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 P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNNALLEE, JIM		5.2 NAME	
STREET ADDRESS 300 NE THIRD ST		5.3 STREET ADDRESS	
CITY-ST-ZIP FT. MEADE FL 33841		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	
STREET ADDRESS POST OFFICE BOX 5335 N/A		6.3 STREET ADDRESS	
CITY-ST-ZIP LAKELAND FL		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Donald Wasilewski* **DONALD WASILEWSKI** DATE: **4/1/99** DAYTIME PHONE #: **(941) 646-0474**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2F037 (11/98)