


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90050 024 ****61.25

DOCUMENT # 715974
 1. Entity 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**

00012577



1st MOORE CR2E037 (10/04)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
51-0205427 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
DEWITT, DAVID
4616 MT VIEW DRIVE
LAKELAND FL 33813

7. Name and Address of New Registered Agent
 Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

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

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE P NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DEWITT, DAVID 4616 MT. VIEW DRIVE LAKELAND FL 33813
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SMITH, SCOTT 302 ESTTRELLA WAY AUBURNDALE FL 33823
TITLE S NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete MILLER, DEE 86 SHADOW LANE LAKELAND FL 33813
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete URICK, JIM 6007 DOE CIRCLE EAST LAKELAND FL 33803
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SCHMIDT, ARNOLD 3740 EMERALD LANE MULBERRY FL 33860
TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PATTERSON, CHARLIE 928 FOREST LAKE DRIVE LAKELAND FL 33809

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Dale J. Anderson 4911 Stonecreek Drive Lakeland, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: *Dale J. Anderson* **DALE J. ANDERSON** *2/9/05* **863.529.3730**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #