2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2004
Secretary of State

DOCUMENT# 737027

Entity Name: BROWARD COUNTY RADIO CONTROL ASSOCIATION, INC.

Current Principal Place of Business:

6245 FLAGLER ST.
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

6245 FLAGLER ST.
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 59-2637132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCROGGINS, JAMES
6245 FLAGLER ST.
HOLLYWOOD, FL 33023 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	FROMEN, VICTOR	
Address:	8201 NW 53RD STREET	
City-St-Zip:	LAUDERHILL, FL 33351	
Title:	V	( ) Delete
Name:	HANDLER, LENNY	
Address:	11900 NW 29TH MANOR	
City-St-Zip:	SUNRISE, FL 33323	
Title:	T	( ) Delete
Name:	LOGAN, JOHN	
Address:	1951 BAY BERRY DR	
City-St-Zip:	PEMBROKE PINES, FL 33024	
Title:	S	( ) Delete
Name:	RILEY, GERALD	
Address:	5150 NW 1ST AVE	
City-St-Zip:	FORT LAUDERDALE, FL 33309	
Title:	D	( ) Delete
Name:	CASPANELLO, JOHN	
Address:	5970 SW 99TH TERR	
City-St-Zip:	COOPER CITY, FL 33328	
Title:	D	( ) Delete
Name:	CIMMINO, JOEL	
Address:	8960 WOODSIDE COURT	
City-St-Zip:	DAVIE, FL 33328	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LOGAN T 05/02/2004

Electronic Signature of Signing Officer or Director — Date