2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT #743149 01-10-2005 90031 050 ****61.25 SARÁSOTA R/C SQUADRON, INC. Principal Place of Business Mailing Address 40000452 8730 BEE RIDGE RD 3812 STABLE LN SARASOTA, FL 34235-2322 US BOX 3 SARASOTA FL 34241 2. Principal Place of Business 3. Mailing Address 471 PELICAN RD Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-NP; CR2E037 (10/03) City & State City & State FEI Number 59-2641815 Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Reguland 6. Name end Address of Current Registered Agent 7. Name and Address of New Registered Agent BROOKS JENSEN. ALFRED G ress (RO. Box Number is Not Acceptable) 3812 STABLE LN SARASOTA, FL 34235 Zip Code 342 93 JICE 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. 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution. Due by May 1, 2005 Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete TITLE JENSEN, ALFRED G HOWARD A. BROOKS NAME NAME STREET ADDRESS 3812 STABLE LN STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34235 CITY-ST-ZIP JEHICE. EL Detete ☐ Addition TITLE TITLE Change VELTRI, VINCE NEIL HAUSEN DR NAME NAME STREET ADDRESS 1304 OAK VIEW DR STREET ADORESS CITY-ST-7IP SARASOTA, FL 34232 CITY-ST-7IP OSPREY, FL Delete TITLE TITLE Change ☐ Addition JENKINS: GEORGE-NAME NAME STREET ADDRESS 4634 MCINTOSH RD STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP ппя Delete TITLE Change ☐ Addition BENDER, PHILIP VELTRI VINCE DR NAME NAME **4014 GREEN TREE AVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34233 CITY-ST-ZIP SARASOTA, FL 34237 ☐ Delete TITLE TITLE Change Addition NAME NALEF STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 is changed, or on an attachment with an address, with all other like empowered.

FILED

Jan 10, 2005 8:00 am