2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007
Secretary of State

DOCUMENT# 743149

Entity Name: SARASOTA R/C SQUADRON, INC.

Current Principal Place of Business:

8730 BEE RIDGE RD
SARASOTA, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

8730 BEE RIDGE RD
BOX 3
SARASOTA, FL 34241 US

New Mailing Address:

FEI Number: 59-2641815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LONG, LAURA M
3312 50TH AVE E
BRADENTON, FL 34203 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:	BENDER, PHILIP	
Address:	4014 GREEN TREE AVE	
City-St-Zip:	SARASOTA, FL 34233 US	
Title:	V	( ) Delete
Name:	DUKE, CHUCK	
Address:	3588 SHAMROCK DRIVE	
City-St-Zip:	VENICE, FL 34293	
Title:	T	( ) Delete
Name:	KAGELE, FRANK	
Address:	7028 N SERENOA DR	
City-St-Zip:	SARASOTA, FL 34241	
Title:	S	( ) Delete
Name:	LONG, LAURA	
Address:	3312 50TH AVE E	
City-St-Zip:	BRADENTON, FL 34203	
Title:	D	( ) Delete
Name:	FAST, JOESPH	
Address:	6506 JARVIS RD	
City-St-Zip:	SARASOTA, FL 34241	
Title:	D	( ) Delete
Name:	JENSEN, AL	
Address:	3812 STABLE LANE	
City-St-Zip:	SARASOTA, FL 34235	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	T	(X) Change ( ) Addition
Name:	HANSEN, NEIL	
Address:	173 WINWARD DR	
City-St-Zip:	OSPREY, FL 34229	
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 Chapter 119, 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: LAURA M LONG SECT 03/15/2007

Electronic Signature of Signing Officer or Director — Date