2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#746030

FILED Apr 05, 2006 Secretary of State

Entity Name: SEMINOLE RADIO CONTROL CLUB INC.

Current Principal Place of Business:			New Principal Place of Business:	
	ARTON CIRCLE SSEE, FL 32312	US		
Current N	/lailing Address:		New Mailing Addres	s:
	ARTON CIRCLE SSEE, FL 32312	US		
FEI Number	r: 59-2360279	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cur	rent Registered Agent:	Name and Address of	of New Registered Agent:
	AMUEL ARTON CIRCLE SSEE, FL 32312	US		
	e named entity sub e of Florida.	omits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida.	omits this statement for the	purpose of changing its registere	d office or registered agent, or both,
n the Stat	e of Florida. RE:	omits this statement for the properties of Registered Ag		od office or registered agent, or both, Date
n the Stat SIGNATU	e of Florida. RE:	Signature of Registered Ag	ent	
n the Stat SIGNATU	e of Florida. RE: Electronic	Signature of Registered Ag ORS: elete CIRLCE	ent	Date
n the Stat SIGNATU DFFICER Fitle: Name: Address:	E of Florida. RE: Electronic S AND DIRECTO T () De VARN, SAMUEL 2668 WHARTON C	Signature of Registered Ag PRS: elete CIRLCE 232312 elete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR
n the Stat BIGNATU DFFICER Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	E of Florida. RE: Electronic S AND DIRECTO T () De VARN, SAMUEL 2668 WHARTON O TALLAHASSEE, FI PD () De WYNN, RICHARD 2800 CAVAN DRIV	Signature of Registered Ag PRS: Elete CIRLCE _ 32312 Elete E _ 32308 Elete AEL E RD	ent ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR () Change () Addition

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: SAMUEL VARN T 04/05/2006