

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007714

FILED
Apr 08, 2009
Secretary of State

Entity Name: DC OFF ROAD RC PARK, INC.

Current Principal Place of Business:

730 CR 17A EAST
AVON PARK, FL 33825

New Principal Place of Business:

730 CR 17A EAST
AVON PARK, FL 33825 US

Current Mailing Address:

PO BOX 226
AVON PARK, FL 33826

New Mailing Address:

PO BOX 226
AVON PARK, FL 33826 US

FEI Number: 05-0536825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHASE, KATHY
1015 E. CORNELL ST.
AVON PARK, FL 33825 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: DP () Delete
Name: LOCKETT, KEITH
Address: 1334 SUNSET DR.
City-St-Zip: SEBRING, FL 33870

Title: DTDS () Delete
Name: CHASE, KATHY L
Address: 1015 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825

Title: DS () Delete
Name: CHASE, KATHY L
Address: 1015 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825

Title: DV (X) Delete
Name: WORTHAM, CHARLIE
Address: 24 HAMMONS WAY
City-St-Zip: FROSTPROOF, FL 33843

Title: D (X) Delete
Name: LANCASTER, ED
Address: 4735 E C-HILL RD
City-St-Zip: AVON PARK, FL 33825

Title: D (X) Delete
Name: ORTIZ, JAVIER
Address: 104 US 275
City-St-Zip: AVON PARK, FL 33825

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LOCKETT, KEITH
Address: 1334 SUNSET DR.
City-St-Zip: SEBRING, FL 33870 US

Title: DTDS (X) Change () Addition
Name: CHASE, KATHY L
Address: 1015 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825 US

Title: D (X) Change () Addition
Name: CHASE, JUSTIN
Address: 1015 E. CORNELL ST.
City-St-Zip: AVON PARK, FL 33825 US

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 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: KATHY L CHASE

DTDS

04/08/2009

Electronic Signature of Signing Officer or Director

Date