

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02167

FILED  
Aug 14, 2005  
Secretary of State

**Entity Name:** ROCKET CITY R/C CLUB OF FLORIDA, INC.

**Current Principal Place of Business:**

2198 WARNER DRIVE  
CHULOTA, FL 32766 US

**New Principal Place of Business:**

**Current Mailing Address:**

2198 WARNER DRIVE  
CHULOTA, FL 32766 US

**New Mailing Address:**

**FEI Number:** 59-2429401 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BOLTON, RUSSELL W JR  
1017 WINDING WATERS CIRCLE  
WINTER SPRINGS, FL 32708 US

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: PD ( ) Delete  
Name: BARNETT, BRIAN  
Address: 2198 WARNER DRIVE  
City-St-Zip: CHULUOTA, FL 32766

Title: VD ( ) Delete  
Name: BOLTON, RUSSELL W JR  
Address: 1017 WINDING WATERS CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: SD ( ) Delete  
Name: STALEY, BILL  
Address: 3973 HAYES CIRCLE  
City-St-Zip: CASSELBERRY, FL 32709

Title: TD ( ) Delete  
Name: WILLIAMS, JON  
Address: 525 WILMINGTON CIRCLE  
City-St-Zip: OVIEDO, FL 32765

**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:

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: JON WILLIAMS

TD

08/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date