

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02167

FILED
Feb 03, 2007
Secretary of State

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

Current Principal Place of Business:

2863 CHAPELWOOD CT.
OVIEDO, FL 32765 US

New Principal Place of Business:

Current Mailing Address:

2863 CHAPELWOOD CT.
OVIEDO, FL 32765 US

New Mailing Address:

FEI Number: 59-2429401

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASETTI, THOMAS A
3595 SCOUTOAK LOOP
OVIEDO, FL 32765 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: PD () Delete
Name: SIMMONS, MARC
Address: 2863 CHAPELWOOD CT.
City-St-Zip: OVIEDO, FL 32765

Title: VD () Delete
Name: LUSCUSKIE, BART
Address: 872 LAKE HAYES ROAD
City-St-Zip: OVIEDO, FL 32765

Title: SD () Delete
Name: LUSCUSKIE, MARK
Address: 872 LAKE HAYES ROAD
City-St-Zip: OVIEDO, FL 32765

Title: TD () Delete
Name: TOMASETTI, THOMAS A
Address: 3595 SCOUTOAK LOOP
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: SD (X) Change () Addition
Name: STALEY, BILL
Address: 3979 HAYNES CIRCLE
City-St-Zip: CASSELBERRY, FL 32707

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: THOMAS A. TOMASETTI

TD

02/03/2007

Electronic Signature of Signing Officer or Director

Date