

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90021 017 ****61.25

DOCUMENT # N02265

1. Entity Name

LAKE AIRCRAFT RADIO KONTROL SQUADRON, INC.



Principal Place of Business

2525 SOUTH BAY STREET
C/O LLOYD E. STEINBROOK
EUSTIS FL 32726

Mailing Address

2525 SOUTH BAY STREET
C/O LLOYD E. STEINBROOK
EUSTIS FL 32726



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-2529970

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEINBROOK, LLOYD E.
2525 SOUTH BAY STREET
EUSTIS FL 32726

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	TWEEDLE, JOHN	
STREET ADDRESS	30911 POWHATAN AVE.	
CITY-STATE-ZIP	LEESBURG FL 34788	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HATCH, STACEY	
STREET ADDRESS	34321 HAINES CRK. RD.	
CITY-STATE-ZIP	LEESBURG FL 34788	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HATCH, JENNIFER	
STREET ADDRESS	34321 HAINES CRK. RD.	
CITY-STATE-ZIP	LEESBURG FL 34788	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CLUTTS, DAVID	
STREET ADDRESS	926 LAKE ELISE DR.	
CITY-STATE-ZIP	TAVARES FL 34778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY BOONE	
STREET ADDRESS	!()@ S. GROVE ST.	
CITY-STATE-ZIP	EUSTIS, FLORIDA #32726	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARRY BOONE	
STREET ADDRESS	1902 GROVE ST	
CITY-STATE-ZIP	Eustis, FLORIDA, 32726	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/07

352 516 1999