

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003779

FILED
Apr 12, 2005
Secretary of State

Entity Name: ORMOND BEACH RADIO CONTROL CLUB, INC.

Current Principal Place of Business:

4 KATRINAS DR
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

4 KATRINAS DR
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 42-1651040

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, CLIFFORD
4 KATRINAS DR
ORMOND BEACH, FL 32174 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: NORRIS, CLIFFORD
Address: 4 KATRINAS DR
City-St-Zip: ORMOND BEACH, FL 32174

Title: VD () Delete
Name: WHITE, JAMES G
Address: 353 OAK DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: SD () Delete
Name: WHITE, MARK
Address: 182 COQUINA KEY DR
City-St-Zip: ORMOND BEACH, FL 32176

Title: TD () Delete
Name: SCUDDER, RITA
Address: 7 OVERBROOK CT
City-St-Zip: ORMOND BEACH, FL 32174

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: SCUDDER, CHARLES
Address: 7 OVERBROOK CT
City-St-Zip: ORMOND BEACH, FL 32174

Title: TD (X) Change () Addition
Name: RESTA, RODNEY
Address: 103 WILDWOOD AVE
City-St-Zip: ORMOND BEACH, FL 32176

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: CLIFFORD NORRIS

PD

04/12/2005

Electronic Signature of Signing Officer or Director

Date