# 2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N04000010234

1. Entity Name
FLYING EAGLES RADIO CONTROL CLUB, INC.

FILED
06 MAY 16 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 5855 NW CORSO AVE<br>PORT ST. LUCIE, FL 34986 | 5855 NW CORSO AVE<br>PORT ST. LUCIE, FL 34986 |

04102006 Chg-NP CR2E037 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| MELVIN TUBO | |
| Suite, Apt. #, etc.<br>14386 DALIA AVE | Suite, Apt. #, etc. |
| City & State<br>FT PIERCE FL | City & State |
| Zip / Country<br>34951 ST LUCIE | Zip / Country |

4. FEI Number
20-1820403
☐ 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 |
|---|---|
| MILLER, NORMAN J<br>5855 NW CORSO AVE<br>PORT ST. LUCIE, FL 34986 | Name MELVIN TUBO<br>Street Address (P.O. Box Number is Not Acceptable)<br>14386 DALIA AVE FL.<br>City FT PIERCE FL Zip Code 34951 |

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 X Melvin R. Tubo 5/4/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Amended AR is $61.25**

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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>MORIARTY, RAYMOND<br>313 15TH STREET SW<br>VERO BEACH, FL 32962 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>100075555261<br>05/31/06--01028--003 **61.25 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>MILLER, NORMAN J<br>5855 NW CORSO AVE<br>PORT ST. LUCIE, FL 34986 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>MEL TUBO<br>14386 DALIA AVE<br>FT PIERCE FL. 34951<br>☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>LEBLANC, RAYMOND<br>7706 MIRAMAR AVE<br>FT. PIERCE, FL 34951 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIR<br>WALT DIXON<br>6438 ALAMANDRA ST<br>FT PIERCE FL. 34951<br>☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | B 5/24/06 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** X Melvin R. Tubo 5/4/06 772-467-1781
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #