

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N11721 (0)**

1. Corporation Name

**WEST COAST RADIO CONTROL CLUB, INC.**



Principal Place of Business

**13736 CHESTERSALL DR.  
TAMPA FL 33624  
US**

Mailing Address

**13736 CHESTERSALL DR.  
TAMPA FL 33624  
US**

3. Date Incorporated or Qualified  
**10/23/1985**

3a. Date of Last Report  
**01/24/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip Country

**28** Zip Country

**24** Zip Country

**29** Zip Country

4. FEI Number  
**59-2894807**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REELFS, BRET  
13736 CHESTERSALL DR.  
TAMPA FL 33624**

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee (if applicable)

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DP	HUNTER, ALEX	10 BAHIA DR.	LUTZ FL	<input checked="" type="checkbox"/>
DV	PRICE, BERT	702 MILLIFOLD PLACE	BRANDON FL	<input type="checkbox"/>
DS	REELFS, BRET	13736 CHESTERSALL DR.	TAMPA FL	<input type="checkbox"/>
DT	LYNN, JEFF	1513 STATE ROAD 559	POLK CITY FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
DP	Price, Bert	702 Millifold Place	Brandon FL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DV	Reelfs, Bret	13736 Chestersall Dr	Tampa FL 33624	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DD	Kirby, Eric II	2011 Doehn St.	Tampa FL 33617	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/96 813-968-3083  
Date Daytime Phone #

CR2E037 (12/95)