


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 003 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N11721

1. Corporation Name

WEST COAST RADIO CONTROL CLUB, INC.

Principal Place of Business

17302 N. DALE MABRY HWY
LUTZ FL 33549
US

Mailing Address

4238 GOLF CLUB LANE
TAMPA FL 33624



| | | | | | |
|--------------------------------|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 10/23/1985 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 4. FEI Number 59-2894807 | |
| 22 City & State | | 27 City & State | | Applied For Not Applicable | |
| 23 Zip Country | | 28 Zip Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip Country | | 29 Zip Country | | 30 Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |

9. Name and Address of Current Registered Agent

REELFS, BRET
4238 GOLF CLUB LANE
TAMPA FL 33624

10. Name and Address of New Registered Agent

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

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 | | (NOTE: Registered Agent signature required when reinstating) | | DATE | |
| 12. OFFICERS AND DIRECTORS | | | | | |
| TITLE | DP | <input checked="" type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| NAME | KIRBY, ERIC | | 1.1 TITLE | D/P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 7011 DOREEN STREET | | 1.2 NAME | Bill Hack | |
| CITY-ST-ZIP | TAMPA FL 33617 | | 1.3 STREET ADDRESS | 3625 Simcoe | |
| | | | 1.4 CITY-ST-ZIP | Palm Harbor, FL 34683 | |
| TITLE | ST | <input type="checkbox"/> DELETE | 2.1 TITLE | D/S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SINSABAUGH, KELLIE | | 2.2 NAME | | |
| STREET ADDRESS | 6020 FLORIDA AVENUE | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34653 | | 2.4 CITY-ST-ZIP | | |
| TITLE | DS | <input type="checkbox"/> DELETE | 3.1 TITLE | D/V/T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | REELFS, BRET | | 3.2 NAME | | |
| STREET ADDRESS | 4238 GOLF CLUB LANE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | DD | <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D/V | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KIRBY, ERIC II | | 4.2 NAME | JR Sanyet | |
| STREET ADDRESS | 7011 DEEN ST | | 4.3 STREET ADDRESS | 6767 Old Pasco Rd | |
| CITY-ST-ZIP | TAMPA FL | | 4.4 CITY-ST-ZIP | Wesley Chapel, FL 33544 | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRANT, JOHN | | 5.2 NAME | | |
| STREET ADDRESS | 4907 FOREST BROOK PLACE | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | SARASOTA FL 34232 | | 5.4 CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTIN, DONNIE | | 6.2 NAME | | |
| STREET ADDRESS | 4907 FOREST BROOK PLACE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | TAMPA FL 33624 | | 6.4 CITY-ST-ZIP | | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

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

Date

Daytime Phone #

CR2E037 (11/98)