

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT #N17022
1. Entity Name
HIGHLANDS RADIO CONTROL CLUB, INC.



Principal Place of Business Mailing Address
2308 DOG LEG DRIVE 2308 DOG LEG DRIVE
SEBRING, FL 33872 US SEBRING, FL 33872-1620 US

DO NOT WRITE IN THIS SPACE



01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2731624	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RHOADES, CLIFFORD R.
227 N. RIDGEWOOD DR.
SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

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

0000075265
01/08/08-80022-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HILINSKI, JOSEPH 2605 LAZY DAYS LANE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WELBORN, JIM 4515 BUNKER DR SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MESSER, JAMES 4344 DUFFER LOP SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROEZINGER, F.H. 2308 DOG LEG DRIVE SEBRING, FL 33872
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: F.H. Groezinger  Jan. 4, 2008 863-471-0145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #