2008 NOT-FOR-PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Apr 02, 2008 8:00 am Secretary of State DOCUMENT # N17944 1. Entity Name 04-02-2008 90035 005 ****61.25 FLAGLER COUNTY RADIO AERO MODELERS, INC. Principal Place of Business Mailing Address 32 BRISTOL DR P O BOX 403 BUNNELL FL 32110 PALM COAST FL 32137 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suire, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) City & State City & State Applied For 4. FEI Number 59-2752674 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GORDON, KEN Street Address (P.O. Box Number is Not Acceptable) 700 E PALM ST (P O BOX 403) **BUNNELL FL 32110** City Zip Code 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 Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or pentied name of registered agent and tire. Lappicable, (NOTE: Bolystered Agent signature required when rounstating) FILE NOW: FEE IS \$61.25 Due By May 1, 2008 ard is harm call die 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State it bilitak kanjian OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition THIERWECHTER, ROBERT NAME NAME 24 CLARENDON CT. N STREET ADDRESS STREET ADDRESS CITY - ST-7IP PALM COAST FL 32137 CITY-ST-ZIP VΡ TITLE Delete TIT: F Change Addition MCCLELLAN, JAMES NAME NAME Richard fai bian STREET ADDRESS 57 SHINNECOCK DR STREET ADDRESS 29 clarendon Ct. N Palm Gast fl. 32137 PALM COAST FL 32137 CHTY-ST-ZIP CITY - ST - ZIP SD TITLE Delete TTLE ☐ Addition GORDON, KEN NAME NAME STREET ADDRESS 700 E PALM ST STREET ADDRESS BUNNELL FL 32110 CITY-ST-7IP CITY-ST-7/P TITLE Delete TITLE Change $\sigma \tau$ ☐ Addition DANIALS, RICHARD H NAME NAME Eugene Manno STREET ADDRESS 100 FORSYTH LN STREET ADDRESS 33 Kingfisher Ln C/TY-ST-ZIP PALM COAST FL 32137 CLTY-ST-ZIP Palm coast TITLE ☐ Delete TITLE ☐ Change Addition NAZJE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 it changed, or on an altachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP