

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 # N23273 (8)

1. Corporation Name

PALATKA SUN FLYERS R/C CLUB, INC.



Principal Place of Business

Mailing Address

POST OFFICE BOX 2324
PALATKA, FL - 32178

POST OFFICE BOX 2324
PALATKA, FL - 32178

3. Date Incorporated or Qualified
11/02/1987

3a. Date of Last Report
06/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MURDOCK, KIMBERLY R
266 RIVER DR
EAST PALATKA FL 32131

81 Name

MANSON, RICHARD A.

82 Street Address (P.O. Box Number is Not Acceptable)

107 GLORIA DR

83

84

City

HOLLISTER

FL

85 Zip Code
32147

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/6/96

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COX, CHAUNCEY D
STREET ADDRESS 9910 EBERT AVE.
CITY-ST-ZIP HASTINGS FL 32145

☐ DELETE

TITLE VPD
NAME PARE, ROBERT
STREET ADDRESS P O BOX 714
CITY-ST-ZIP HOLLISTER FL

☐ DELETE

TITLE TD
NAME MURDOCK, KIMBERLY R
STREET ADDRESS 266 RIVER DR
CITY-ST-ZIP E PALATKA FL

☐ DELETE

TITLE SD
NAME APPLING, LINDY
STREET ADDRESS 10649 ARNEZ RD
CITY-ST-ZIP JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME MURDOCK, ROBERT
1.3 STREET ADDRESS 266 RIVER DR
1.4 CITY-ST-ZIP PALATKA FL

☒ Change ☐ Addition

2.1 TITLE VPD
2.2 NAME PARE, ROBERT
2.3 STREET ADDRESS P O BOX 714
2.4 CITY-ST-ZIP HOLLISTER FL

☒ Change ☐ Addition

3.1 TITLE TD
3.2 NAME MURDOCK, KIMBERLY R
3.3 STREET ADDRESS 266 RIVER DR
3.4 CITY-ST-ZIP E PALATKA FL

☒ Change ☐ Addition

4.1 TITLE SD
4.2 NAME APPLING, LINDY
4.3 STREET ADDRESS 10649 ARNEZ RD
4.4 CITY-ST-ZIP JACKSONVILLE FL

☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/20/96 084-329-9754

CR2E037 (12/95)