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FILED
Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23273** (8)
1. Corporation Name
PALATKA SUN FLYERS R/C CLUB, INC.



Principal Place of Business Mailing Address
POST OFFICE BOX 2324 **POST OFFICE BOX 2324**
PALATKA, FL. - 32178 **PALATKA, FL. - 32178**

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	11/02/1987
4. FEI Number	59-2880289
Applied For	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MANSON, RICHARD A
107 GLORIA DRIVE
H
HOLLISTER FL 32147

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MURDOCK, ROBERT
STREET ADDRESS	288 RIVER DRIVE
CITY-ST-ZIP	EAST PALATKA FL
TITLE	VPD
NAME	CARRIGAN, FRED
STREET ADDRESS	RT 3 BOX 174-A
CITY-ST-ZIP	PALATKA FL 32131
TITLE	TD
NAME	MANSON, RICHARD
STREET ADDRESS	107 GLORIA DRIVE
CITY-ST-ZIP	HOLLISTER FL
TITLE	SD
NAME	MANSON, RICHARD A
STREET ADDRESS	107 GLORIA DR.
CITY-ST-ZIP	HOLLISTER FL 32147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	CHUCK GINTERT PRES D
1.2 NAME	HCR1 Box 516
1.3 STREET ADDRESS	SATSUMA FL 32169
1.4 CITY-ST-ZIP	
2.1 TITLE	V. PRES D
2.2 NAME	CHANDLER COX
2.3 STREET ADDRESS	99910 GREAT AVE
2.4 CITY-ST-ZIP	HASTINGS FL 32165
3.1 TITLE	TD
3.2 NAME	SAMI
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	SD
4.2 NAME	SAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Richard A. Manson* **RICHARD A. MANSON** 3/30/98 904 329-1120

CR2E037 (10/97)