2003 NOT-FOR-PROFIT CORPORATION

Jan 29, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N23273** 1. Entity Name 01-29-2003 90160 009 ****61.25 PALATKA SUN FLYERS R/C CLUB, INC. Principal Place of Business Mailing Address 102 CARRIALE TERRACE 102 CARRIALE TERRACE PALATKA FL 32177 PALATKA FL 32177 2. Principal Place of Business 3. Mailing Address 02 CARRIAGE TERRACE 102 CARRIAGE TERRACE Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 59-2880289 Applied For ALATKA, FL ALATKA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BREWER BREWER, F. ARLIN **102 CARRIALE TERRACE** PALATKA FL 32177 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. PD TITLE ☐ Delete Addition THOMPSON, FRED BREWER, F. ARLIN NAME 104 CLEARWATER COURT **102 CARRIALE TERRACE** STREET ADDRESS STREET ADDRESS HAW THORNE, FL 32640 CITY-ST-7IP CITY-ST-ZIP Palatka FL 32177 ۷Ď TITLE ☐ Defete TITLE DIVER, LEE NAME NAME NO CHANGE STREET ADDRESS 141 KAREN COURT STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP __ Delete _ ___ TITLE Change Addition BREWER F. ARLIN MANSON, RICHARD NAME NAME STREET ADDRESS 107 GLORIA DRIVE STREET ADDRESS PALATKA, FL 32177 CITY-ST-ZIP HOLLISTER FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition BREWER, JEAN NAME NO CHANGE STREET ADDRESS 102 CARRIALE TERRACE STREET ADDRESS CITY-ST-ZIP PALATKA FL 32177 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change

12. 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

1-27-63

386-328-4951

Addition

FILED