2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Mar 07, 2005 8:00 am **Secretary of State DOCUMENT # N26230** 03-07-2005 90273 038 ****61.25 Entity Name HEARTLAND RADIO CONTROL CLUB, INC. Principal Place of Business Mailing Address P.O. BOX 1082 **OLD WAUCHULA AIRPORT** WAUCHULA, FL 33873 WAUCHULA, FL 33873 2. Principal Place of Business 3. Mailing Address 124 SOUTH ELEVENITH AVE Suite Apt # etc. Suite, Apt. #. etc. 01132005 Chg-NP CR2E037 (10/03) Applied For 4. FEI Number 59-2968473 City & State City & State WAUCHUL Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COLEMON BENBOW, VERNON G W. Street Address (P.O. Box Number is Not Acceptable) 421 ORANGE AVE: WAUCHULA, FE 33073 24 SOUTH ELENENTH WAVCHULA 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 BEST - TREASURER, SECRETARY, DIRECTOR \$5.00 May Be Make check payable to .Filing Fee is \$61.25 9. Election Campaign Financing Trust Fund Contribution. Florida Department of State : Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS LURAN COGBURN TILE PD ☐ Delete TITLE PO. BOX 554 JUDAH, SONNY NUME NAME STREET ADDRESS STREET ADDRESS 2427 BLACK RD WAUCHULA, FL 33873 FORT MEADE, FL 33841 CITY-ST-ZIP CTTY-ST-ZIP ■ Addition ☐ Delete TILE MIKE GIDDENS IAN DR BADENHORST, WILLIAM NAME NAME 4517 PEBBLE BEACH DR. STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP SEBRING, FL 33872 TS DEMON W. BEST Change 424 SOUTH ELEVETH AVE ☐ Delete TITLE TITLE NAME BENBOW, VERNON G NAME STREET ADDRESS 421 ORANGE AVE. STREET ADDRESS WAUCHULA, F1--338-7-3-CITY-ST-ZIP WAUCHULA FL 33873 CITY-ST-ZIP-Addition TD ☐ Delete ΠΠF ☐ Change ELLIOTT, ED NAME NAME STREET ADDRESS 324 FAIRWAY BLVD. STREET ADDRESS CITY-ST-ZIP FROSTPROOF, FL 33843 CITY-ST-7IP ☐ Delete MDF ☐ Change ☐ Addition TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE me ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 empo

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7P

863/773-6309

FILED