


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90005 034 \*\*\*\*61.25

<b>DOCUMENT # N26230</b>		
1. Entity Name HEARTLAND RADIO CONTROL CLUB, INC.		

Principal Place of Business OLD WAUCHULA AIRPORT WAUCHULA, FL 33873 US	Mailing Address P.O. BOX 1082 WAUCHULA, FL 33873 US
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40030441



2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 1687	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State BOWLING GREEN FL	
Zip	Country	Zip 33834	Country USA

01172007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2968473	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BENBOW, VERNON G 315 NORTH 6TH AVE STE 103 WAUCHULA, FL 33873	
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7. Name and Address of New Registered Agent Name: RICHARD SHERWOOD Street Address (P.O. Box Number is Not Acceptable): 1112 FEATHER LANE P.O. Box 1687 City: BOWLING GREEN FL Zip Code: 33834	
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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.

SIGNATURE: RICHARD B SHERWOOD PD	(NOTE: Registered Agent signature required when reinstating)	DATE: 1.29.07
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERWOOD, RICHARD P.O. BOX 1687 BOWLING GREEN, FL 33834 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COGBURN, LORAN P.O. BOX 554 WAUCHULA, FL 33873 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BENBOW, VERNON G 421 ORANGE AVE. WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PHILLIP R PAYNE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1691 W H ST LOT 344 AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENBOW, VERNON G 421 ORANGE AVE WAUCHULA, FL 33873 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MICHAEL GIDDENS <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2935 LAKE LILIAN DR. AVON PARK FL 33825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD B SHERWOOD	RICHARD B. SHERWOOD	DATE: 2.28.07	Daytime Phone #
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516-885-4388