

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26278

FILED
Jan 31, 2007
Secretary of State

Entity Name: SUN DANCERS RADIO CONTROL CLUB, INC.

Current Principal Place of Business:

9639 FAIRWOOD COURT
PORT ST. LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

9639 FAIRWOOD COURT
PORT ST. LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0052303 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIDGES, KENNETH
9639 FAIRWOOD COURT
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COSTANTINO, CHRIS
Address: 3840 SW CANOE CREEK TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP () Delete
Name: JULIAN, JIM
Address: 6564 NW CHUGWATER CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S () Delete
Name: GILLESPIE, VERNON
Address: 216 NW MISTRAL COURT
City-St-Zip: PORT ST. LUCIE, FL 34986 26

Title: T () Delete
Name: BRIDGES, KENNETH
Address: 9639 FAIRWOOD COURT
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: D () Delete
Name: SWENTZELL, WALTER
Address: 10631 PINE NEEDLE DRIVE
City-St-Zip: FORT PIERCE, FL 34954

Title: D () Delete
Name: SQILLACE, WILLIAM
Address: 532 SW NEW CASTLE COVE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: OLSEN, LAWRENCE
Address: 237 SE WHITMORE DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: VP (X) Change () Addition
Name: CHIAVERINI, AL
Address: 708 SW MYAKKA RIVER TRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: S (X) Change () Addition
Name: WHITE, GEORGE
Address: 1457 E 14TH STREET
City-St-Zip: STUART, FL 34996 26

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH BRIDGES

T

01/31/2007

Electronic Signature of Signing Officer or Director

Date