2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26856

FILED Apr 21, 2009 Secretary of State

Entity Name: SOUTHERN PINELLAS AERONAUTICAL RADIO KONTROL SOCIETY, INC.

Current Principal Place of Business:				New Prin	New Principal Place of Business:			
10550 16TH SAINT PET	I ST N ERSBURG, FL	33716	US					
Current Mailing Address:				New Mail	New Mailing Address:			
P.O. BOX 2 SAINT PET	0852 ERSBURG, FL	33742	US					
FEI Number: \$	59-2899680	FEI Numbe	er Applied For()	FEI Number Not App	plicable ()	Certificate of Status D	esired ()	
Name and	Address of Cu	rrent Reg	jistered Agent:	Name and	d Address of	New Registered Age	ent:	
ACKLEY JR 9233 94 ST LARGO, FL								
The above r in the State		bmits this	statement for the pu	urpose of changing	its registered	office or registered ag	gent, or both,	
SIGNATUR	E:							
	Electronic	Signatur	e of Registered Age	nt		Date		
OFFICERS AND DIRECTORS:				ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () D ACKLEY JR, SAM 9233 94 ST N SEMINOLE, FL 3			Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	V () D DACEY, JAMES 11269 108 WAY I LARGO, FL 3377			Title: Name: Address: City-St-Zip:	THORTON, JE 5297 52 WAY			
Title: Name: Address: City-St-Zip:	TD () D OUTZS, DAVE 1947 SAPPHIRE CLEARWATER, F	LN		Title: Name: Address: City-St-Zip:	SHADROUI, B 2060 MARYLII	N ST 107		
Title: Name: Address: City-St-Zip:	D () D ELDER, KEN 9693-105 TERR N LARGO, FL 3377	1		Title: Name: Address: City-St-Zip:	() Change ()Addition		
Title: Name: Address: City-St-Zip:	D () D MCALISTER, BRU 13421 BALBOA D LARGO, FL 3377	JCE IR		Title: Name: Address: City-St-Zip:	D () RIDEN, DALE 10248 107 AV LARGO, FL 3:			
Title: Name: Address: City-St-Zip:	D () D HOBKO, THOMAS 5526 21 AVE N SAINT PETERSBU		3710	Title: Name: Address: City-St-Zip:	() Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify 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: SAMUEL ACKLEY PRES 04/21/2009