

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004351

FILED  
Jan 04, 2008  
Secretary of State

**Entity Name:** NATIONAL SOCIETY OF RADIO CONTROLLED AEROBATICS, INC.

**Current Principal Place of Business:**

6847 N. 9TH AVE  
SUITE A #320  
PENSACOLA, FL 32504

**New Principal Place of Business:**

**Current Mailing Address:**

881 OXFORD WAY  
BENICIA, CA 32505

**New Mailing Address:**

**FEI Number:** 62-1724978

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STILLMAN, TONY B  
6847 N. 9TH AVE  
SUITE A #320  
PENSACOLA, FL 32504 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: PD ( ) Delete  
Name: KOPOWITZ, DEREK  
Address: 881 OXFORD WAY  
City-St-Zip: BENICIA, CA 94510

Title: TD ( ) Delete  
Name: DAVIES, RON  
Address: 10281 CAMERINO CT  
City-St-Zip: SACRAMENTO, CA 95829

Title: VP ( ) Delete  
Name: VAN PUTTE, RON  
Address: 111 SLEEPY OAKS ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: SEC ( ) Delete  
Name: QUINN, JIM  
Address: 211 AIRPORT ROAD  
City-St-Zip: ENDICOT, NY 13760

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KOPOWITZ, DEREK  
Address: 881 OXFORD WAY  
City-St-Zip: BENICIA, CA 94510

Title: TREA (X) Change ( ) Addition  
Name: DAVIES, RON  
Address: 10281 CAMERINO CT  
City-St-Zip: SACRAMENTO, CA 95829

Title: VPRE (X) Change ( ) Addition  
Name: VAN PUTTE, RON  
Address: 111 SLEEPY OAKS ROAD  
City-St-Zip: FORT WALTON BEACH, FL 32548

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

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: DEREK KOPOWITZ

PRES

01/04/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date