

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004351

FILED
Jan 27, 2009
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: PRES () Delete
Name: KOPOWITZ, DEREK
Address: 881 OXFORD WAY
City-St-Zip: BENICIA, CA 94510

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

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

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 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: RON DAVIES

TREA

01/27/2009

Electronic Signature of Signing Officer or Director

Date