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**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90036 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000004156**

1. Corporation Name

**GULF COAST R/C CAR CLUB, INC.**

Principal Place of Business

5100 N TAMiami TRAIL  
SUITE 105  
NAPLES FL 34103

Mailing Address

5100 N TAMiami TRAIL  
SUITE 105  
NAPLES FL 34103



2. Principal Place of Business

21 **4001 Santa Barbara Blvd.**

Suite, Apt. #, etc.

22 **# 120**

City & State

23 **Naples - FL**

Zip

24 **34104**

Country

25 **USA**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

**07/17/1998**

4. FEI Number

**59-3523700**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional Fee Required

6. Election Campaign Financing

☐

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RODRIGUEZ, TAMMY J  
5100 N TAMiami TRAIL  
SUITE 105  
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name **Tammy J Rodriguez**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4001 Santa Barbara Blvd # 120**

83

84 City **Naples**

**FL**

85 Zip Code **34104**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*Tammy Rodriguez*

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/22/99**

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **BENFIELD, MARK**  
STREET ADDRESS **2960 70TH ST SW**  
CITY-ST-ZIP **NAPLES FL 34105**

TITLE **VD** ☐ DELETE  
NAME **ROBICHAUD, CHARLES**  
STREET ADDRESS **9529 WINTERVIEW**  
CITY-ST-ZIP **NAPLES FL 34109**

TITLE **STD** ☐ DELETE  
NAME **RODRIGUEZ, TAMMY**  
STREET ADDRESS **6820 DARBY CT**  
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Tammy Rodriguez* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/22/99**

Date

**941.352.9021**

Daytime Phone #

CR2E037 (11/98)