

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90398 045 \*\*\*\*61.25

**DOCUMENT # N98000004156**

1. Entity Name

GULF COAST R/C CAR CLUB, INC.



Principal Place of Business

489 YELLOWBIRD SREET  
MARCO ISLAND FL 34145  
US

Mailing Address

489 YELLOWBIRD SREET  
MARCO ISLAND FL 34145  
US

2. Principal Place of Business

1264 Bayport Avenue

Suite, Apt. #, etc.

3. Mailing Address

1264 Bayport Avenue

Suite, Apt. #, etc.

City & State

Marco Island, FL

Zip

34145

Country

USA

City & State

Marco Island, FL

Zip

34145

Country

USA

4. FEI Number

59-3523706

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BENFIELD, MARK  
489 YELLOW BIRD ST  
MARCO ISLAND FL 34145

7. Name and Address of New Registered Agent

Name

Chris Sweeney

Street Address (P.O. Box Number is Not Acceptable)

1264 Bayport Avenue

City

Marco Island, FL

FL

Zip Code

34145

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Mark Benfield*

*Chris Sweeney*

4/28/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SWEENEY, CHRIS	
STREET ADDRESS	1264 BAYPORT AVE	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SWEENEY, CHRIS	
STREET ADDRESS	1264 BAYPORT AVE	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOWLER, CHRIS	
STREET ADDRESS	489 YELLOWBIRD ST	
CITY - ST - ZIP	MARCO ISLAND FL 34145	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MATURO, JEFF	
STREET ADDRESS	3230 7TH AVE NW	
CITY - ST - ZIP	NAPLES FL 34110	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VANBRABANT, MARCEL	
STREET ADDRESS	2865 14TH AVE NE	
CITY - ST - ZIP	NAPLES FL 34120	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PSO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Rimes	
STREET ADDRESS	3436 Winifred Row Lane	
CITY - ST - ZIP	Naples Florida 34116	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Chris Sweeney*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-04  
Date

239-642-4842  
Daytime Phone #