

2022 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000245

Entity Name: RC ACTIVITIES, INC.**Current Principal Place of Business:**525 TRIBBLE GAP ROAD, UNIT 1466
CUMMING, GA 30028**Current Mailing Address:**30 MANSELL COURT
SUITE 103
ROSWELL, GA 30076 US**FEI Number:** 06-1500537**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR STE A
TALLAHASSEE, FL 32301 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	AARON, SHAWN
Address	8815 FULHAM COURT
City-State-Zip:	CUMMING GA 30041

Title	VP, D
Name	MURPHY, KATHLEEN
Address	951 PEACHTREE PARKWAY
City-State-Zip:	CUMMING GA 30041

Title	DIRECTOR
Name	DARBELLAY, GLORY
Address	9505 PURCELL DRIVE
City-State-Zip:	POTOMAC MD 20854

Title	TREASURER, SECRETARY
Name	BRECHBILL, TODD
Address	525 TRIBBLE GAP ROAD, UNIT 1466
City-State-Zip:	CUMMING GA 30028

Title	DIRECTOR
Name	BRADLEY, CHARLES
Address	525 TRIBBLE GAP ROAD UNIT 1466
City-State-Zip:	CUMMING GA 30041

Title	DIRECTOR
Name	DALY, DAVID
Address	8815 FULHAM COURT
City-State-Zip:	CUMMING GA 30041

Title	DIRECTOR
Name	FINK, COLIN
Address	525 TRIBBLE GAP ROAD UNIT 1466
City-State-Zip:	CUMMING GA 30028

I hereby 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 all other like empowered.

SIGNATURE: SHAWN AARON**PRESIDENT****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date