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Jan 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754366 (3)

1. Corporation Name

COLLIER MODEL AERONAUTIC CLUB, INC.



Principal Place of Business

Mailing Address

C/O LOUIS S. ERICKSON
2301 C.R. 951 - SUITE B
NAPLES FL 33999

C/O LOUIS S. ERICKSON
2301 C.R. 951 - SUITE B
NAPLES FL 34116-6524

3. Date Incorporated or Qualified
09/25/1980

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
29-7384215

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBERT, MARCEL
144 EGRET AVE
NAPLES FL 33983

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

01/14/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME SAKOWSKI, RAY
STREET ADDRESS 40 TURQUOISE AVE
CITY-ST-ZIP NAPLES FL 33961

1.1 TITLE PD Change Addition
1.2 NAME CARMES DONALD W.
1.3 STREET ADDRESS 1120 AZTEC CT
1.4 CITY-ST-ZIP MARZO ISLAND FL 33037

TITLE VD DELETE
NAME BOXWELL, CHARLES
STREET ADDRESS 831 94TH AVE
CITY-ST-ZIP NAPLES FL 33963

2.1 TITLE VD Change Addition
2.2 NAME SOKOLOWSKI RAY
2.3 STREET ADDRESS 40 TURQUOISE AVE
2.4 CITY-ST-ZIP NAPLES FL 33061

TITLE STD DELETE
NAME IMBERT, MARCEL
STREET ADDRESS 144 EGRET AVE
CITY-ST-ZIP NAPLES FL ~~33983~~ 34108

3.1 TITLE STD Change Addition
3.2 NAME MARCEL IMBERT
3.3 STREET ADDRESS 144 EGRET AVE
3.4 CITY-ST-ZIP NAPLES FL 34108

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/97

(041)566-9582

CR2E037 (9/96)