


FILE NOW: FILING FEE IS \$61.25

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Feb 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 754366 (3)**  
1. Corporation Name  
**COLLIER MODEL AERONAUTIC CLUB, INC.**



Principal Place of Business C/O LOUIS S. ERICKSON 2301 C.R. 951 - SUITE B NAPLES FL 33999	Mailing Address C/O LOUIS S. ERICKSON 2301 C.R. 951 - SUITE B NAPLES FL 33999
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3. Date Incorporated or Qualified <b>09/25/1980</b>	Applied For Not Applicable
4. FEI Number <b>29-7384215</b>	

21. Principal Place of Business <b>2301 C.R. 951</b>	22. Mailing Address <b>2301 C.R. 951</b>
22. Suite, Apt. #, etc. <b>SUITE F</b>	27. Suite, Apt. #, etc. <b>SUITE F</b>
23. City & State <b>NAPLES, FL</b>	28. City & State <b>NAPLES, FL</b>
24. Zip <b>34110</b>	25. Country <b>U.S.A.</b>
29. Zip <b>34110</b>	30. Country <b>U.S.A.</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**IMBERT, MARCEL**  
**144 EGRET AVE**  
**NAPLES FL 33963**

10. Name and Address of New Registered Agent

81. Name <b>JACK D. PATTERSON</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>251 SHADOWRIDGE CT.</b>
83. City <b>MARCO ISLAND</b>
84. State <b>FL</b>
85. Zip Code <b>34145</b>

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 **JACK D. PATTERSON SEC. TREAS** *[Signature]* DATE **JAN. 21, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>CARNES, DONALD W</b>	
STREET ADDRESS <b>1120 AZTEC CT.</b>	
CITY-ST-ZIP <b>MARCO ISLAND FL 33937</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>SOKOLOWSKI, RAY</b>	
STREET ADDRESS <b>40 TURQUOISE AVE.</b>	
CITY-ST-ZIP <b>NAPLES FL 33261</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>IMBERT, MARCEL</b>	
STREET ADDRESS <b>144 EGRET AVE.</b>	
CITY-ST-ZIP <b>NAPLES FL 34108</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>DONALD W. CARNES</b>	
1.3 STREET ADDRESS <b>1120 AZTEC CT.</b>	
1.4 CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	
2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DAVID W. RUSSELL</b>	
2.3 STREET ADDRESS <b>1188 12TH AVE. N</b>	
2.4 CITY-ST-ZIP <b>NAPLES, FL 34102</b>	
3.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>JACK D. PATTERSON</b>	
3.3 STREET ADDRESS <b>251 SHADOWRIDGE CT.</b>	
3.4 CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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]* **JACK D. PATTERSON** DATE **JAN 21, 1998** **744-394-4655**

CR2E037 (10/97)