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05-10-1999 90077 026 ****70.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754366

1. Corporation Name

COLLIER MODEL AERONAUTIC CLUB, INC.

Principal Place of Business

2301 CR 951
SUITE F
NAPLES FL 34116
US

Mailing Address

2301 CR 951
SUITE F
NAPLES FL 34116
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/25/1980

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

29-7384215

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IMBERT, MARCEL
144 EGRET AVE
NAPLES FL 33963

81 Name Jack D. Patterson

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

83

84 City Marco Island

FL

85 Zip Code 34145

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

J. Patterson

April 23, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME CARNES, DONALD W
STREET ADDRESS 1120 AZTEC CT.
CITY-ST-ZIP MARCO ISLAND FL 34145

1.1 TITLE PD
1.2 NAME William Hunt
1.3 STREET ADDRESS 2997 Orange St.
1.4 CITY-ST-ZIP Naples, FL 34112

TITLE VD
NAME RUSSELL, DAVID W
STREET ADDRESS 1188 12TH AVE N
CITY-ST-ZIP NAPLES FL 34102

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

TITLE STD
NAME PATTERSON, JACK D
STREET ADDRESS 251 SHADOWRIDGE CT
CITY-ST-ZIP MARCO ISLAND FL 34145

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

J. Patterson REQUIRED

April 23, 1999

941-394-4655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)