

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998. AMOUNT DUE ON OR BEFORE 8/9/98: \$156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 30 AM 9:08

DOCUMENT # N30384 (4)

1. Corporation Name
GOOD NEIGHBOR COUNCIL FOR AIRCRAFT NOISE CONTROL, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
C/O JOHN B. MCCrackEN
505 SOUTH FLAGLER DR., SUITE 1100
WEST PALM BEACH FL 33401
C/O JOHN B. MCCrackEN
505 SOUTH FLAGLER DR., SUITE 1100
WEST PALM BEACH FL 33401

3. Date incorporated or Qualified 01/27/1989	3a. Date of Last Report 08/02/1994
4. FEI Number 65-0097310	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 33401-3475 25	Country 29 33401-3475 30

9. Name and Address of Current Registered Agent

**MCCRACKEN, JOHN B.
505 SOUTH FLAGLER DRIVE, SUITE 1100
P.O. BOX 3475
WEST PALM BEACH FL 33401-3475**

10. Name and Address of New Registered Agent

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 617.1506, 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 the filer is required) (NOTE: Registered Agent signature required when reappointing) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANN K. MAUS	12 NAME	
STREET ADDRESS	200 ARGYLE ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL 33405	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED MARULLI	22 NAME	
STREET ADDRESS	187 CLARENDON AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL 33480	24 CITY, ST, ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER F. GIACCO, JR.	32 NAME	
STREET ADDRESS	143 CLARENDON AVENUE	33 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL 33480	34 CITY, ST, ZIP	
TITLE	ST	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN B. MCCrackEN	42 NAME	
STREET ADDRESS	505 S. FLAGLER DR. #1100	43 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BEACH FL 33401-3475	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 be an attachment with an address.

SIGNATURE: John B. McCracken (Signature, typed or printed name of board officer or director) **6/22/95** 407-659-3000 (Date)

CR2E037 (3/95)