

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N37067 (8)**  
1. Corporation Name  
**LUCERNE PARK FLYERS, INC.**



Principal Place of Business: **11 EDINBURGH DR HAINES CITY FL 33844 US**  
Mailing Address: **11 EDINBURGH DR HAINES CITY FL 33844 US**

3. Date Incorporated or Qualified: **03/14/1990**  
3a. Date of Last Report: **02/10/1995**  
4. FEI Number: **59-3000541**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**MOESSNER, WILLIAM  
11 EDINBURGH DR  
HAINES CITY FL 33884**

10. Name and Address of New Registered Agent  
81 Name: **GORDON D. MACCALLA**  
82 Street Address (P.O. Box Number is Not Acceptable): **214 COLLEGE GROVE CIR. N.E.**  
83 **WINTER HAVEN, FLA**  
84 City: **WINTER HAVEN, FLA** FL 85 Zip Code: **33881**

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: *Gordon D. MacCalla* (NOTE: Registered Agent signature required when reinstating) **3-12-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOUIN, DOUG</b>	
STREET ADDRESS	<b>5051 VARTY RD.</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33884</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CALVIN, LARRY</b>	
STREET ADDRESS	<b>1825 NOTTINGHAM SW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MANGAN, ED</b>	
STREET ADDRESS	<b>2815 COUNTRY CLUB ROAD</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VASCELLARO, MICHAEL</b>	
STREET ADDRESS	<b>214 GROVE AVE SE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOESSNER, WILLIAM</b>	
STREET ADDRESS	<b>11 EDINBURGH DR</b>	
CITY-ST-ZIP	<b>HAINES CITY FL</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAYO, DAVE</b>	
STREET ADDRESS	<b>30 MARINA DR</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>VPD WAYNE MYERS</b>
3.3 STREET ADDRESS	<b>1305 AVE. S. N.W.</b>
3.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLA 33880</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>D VANCE WAY</b>
4.3 STREET ADDRESS	<b>1301 POLK CITY RD, LOT</b>
4.4 CITY-ST-ZIP	<b>HAINES CITY FLA. 33844</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PD GORDON D. MACCALLA</b>
5.3 STREET ADDRESS	<b>214 COLLEGE GROVE CIR. N.E.</b>
5.4 CITY-ST-ZIP	<b>WINTER HAVEN, FLA 33881</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>D RUBIN BRIDGES</b>
6.3 STREET ADDRESS	<b>1178 YARNELL AVE.</b>
6.4 CITY-ST-ZIP	<b>LAKE WALES FLA 33853</b>

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 119.07(3)(k), 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: *Gordon D. MacCalla* **GORDON D. MACCALLA** **3/12/96** **(941) 293-1943**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)