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Mar 20 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 # 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 33844-6203 US

3. Date Incorporated or Qualified: 03/14/1990  
3a. Date of Last Report: 03/26/1996

2. Principal Place of Business: 21 214 COLLEGE GROVE CIR NE  
22 Suite, Apt. #, etc.  
23 WINTER HAVEN, FLA  
24 33881 25 USA  
26 214 COLLEGE GROVE CIR NE  
27 Suite, Apt. #, etc.  
28 WINTER HAVEN, FLA  
29 33881 30 USA

4. FEI Number: 59-3000541 Applied For: Not Applicable  
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

9. Name and Address of Current Registered Agent  
MACCALLA, GORDON D.  
214 COLLEGE GROVE CIRCLE NE  
WINTER HAVEN FL 33881

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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* DATE: 1/10/97  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	BLOVIN, DOUG	
STREET ADDRESS	5051 VARTY RD.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CALVIN, LARRY	
STREET ADDRESS	1825 NOTTINGHAM SW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	MYERS, WAYNE	
STREET ADDRESS	1305 AVENEU S. NW	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAY, VANCE	
STREET ADDRESS	1301 POLK CITY ROAD LOT	
CITY-ST-ZIP	HAINES CITY FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MACCALLA, GORDAN	
STREET ADDRESS	214 COLLEGE GROVE CIRCLE NE	
CITY-ST-ZIP	WINTER HAVEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRIDGES, RUBIN	
STREET ADDRESS	1178 YARNELL AVENUE	
CITY-ST-ZIP	LAKE WALES FL	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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: *Gordon D. MacCalla* DATE: 1/10/97 (941) 293-1943  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0053735

CR2E037 (9/96)