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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N37067 (8)
1. Corporation Name
LUCERNE PARK FLYERS, INC.



Principal Place of Business 214 COLLEGE GROVE CIR NE WINTER HAVEN FL 33881 US	Mailing Address 214 COLLEGE GROVE CIR NE WINTER HAVEN FL 33881 US
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3. Date incorporated or Qualified
03/14/1990

4. FEI Number
59-3000541

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 1225
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
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6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 23	City & State 28 LAKE ALFRED FL
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7. Is this nonprofit corporation a homeowners association? Yes No

Zip 24	Country 25	Zip 29 33850	Country 30 POLK
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8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. 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	FL
85 Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLOUIN, DOUG 5051 VARTY RD. WINTER HAVEN FL 33884	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P JOE DOELL 25 SEMINOLE CT WINTER HAVEN FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CALVIN, LARRY 1825 NOTTINGHAM SW WINTER HAVEN FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP KIRBY JONES 29 SILVERCREST DR HAINES CITY, FL 33844
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MYERS, WAYNE 1305 AVENUE S. NW WINTER HAVEN FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	D RICHARD BEGIN 445 AVE E SE WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WAY, VANCE 1301 POLK CITY ROAD LOT HAINES CITY FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D DAVID BOWERMAN 2507 MARTHA WAY NW WINTER HAVEN FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MACCALLA, GORDAN 214 COLLEGE GROVE CIRCLE NE WINTER HAVEN FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D RON PETROCCO 85 WINTER RIDGE RD WINTER HAVEN FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIDGES, RUBIN 1178 YARNELL AVENUE LAKE WALES FL	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	D GORDAN MACCALLA 314 COLLEGE GROVE CIR NE WINTER HAVEN FL 33881

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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.

SIGNATURE: _____ 4-26-98 941-324-0994

CR2E037 (10/97)