

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000001336 (5)**  
1. Corporation Name  
**SAN-JEAN FLYING CLUB, INC.**



Principal Place of Business <b>3225 DUCHESS DRIVE NAPLES-FL 33962</b>	Mailing Address <b>3225 DUCHESS DRIVE NAPLES FL 34112-5476</b>
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3. Date Incorporated or Qualified <b>03/20/1995</b>	3a. Date of Last Report <b>04/11/1996</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>90 Charles Dinsmoor</b>	2a. Mailing Address <b>90 Charles Dinsmoor</b>
Suite, Apt. #, etc. <b>5108 Lochwood Court</b>	Suite, Apt. #, etc. <b>5108 Lochwood Court</b>
22. City & State <b>Naples, FL</b>	27. City & State <b>Naples, FL</b>
23. Zip <b>34104</b>	28. Country <b>USA</b>
24. Country <b>USA</b>	29. Zip <b>34104</b>
25. Country <b>USA</b>	30. Zip <b>USA</b>

9. Name and Address of Current Registered Agent  
**GRESSANI, HUMBERT L  
3225 DUCHESS DRIVE  
NAPLES FL 33962**

10. Name and Address of New Registered Agent

B1 Name <b>Charles Dinsmoor</b>
B2 Street Address (P.O. Box Number is Not Acceptable) <b>5108 Lochwood Court</b>
B3
B4 City <b>Naples</b>
FL
B5 Zip Code <b>34104</b>

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 *Charles Dinsmoor* DATE **4/1/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>DP</b>	<input checked="" type="checkbox"/>
NAME	<b>GRESSANI, HUMBERT L</b>	
STREET ADDRESS	<b>3225 DUCHESS DRIVE</b>	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	
TITLE	<b>DS</b>	<input type="checkbox"/>
NAME	<b>COLCOMBE, STANLEY J</b>	
STREET ADDRESS	<b>6891 COMPTON LA</b>	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	
TITLE	<b>DP</b>	<input type="checkbox"/>
NAME	<b>DINSMOOR, CHARLES A</b>	
STREET ADDRESS	<b>5108 LOCHWOOD COURT</b>	
CITY-ST-ZIP	<b>NAPLES FL 33962</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 NAME	<b>Terry Spurlock</b>		
1.3 STREET ADDRESS	<b>7185 Dennis Circle #105</b>		
1.4 CITY-ST-ZIP	<b>Naples, FL 34104</b>		
2.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>Don Ivener</b>		
2.3 STREET ADDRESS	<b>2915 Imperial Circle</b>		
2.4 CITY-ST-ZIP	<b>Naples, FL 34110</b>		
3.1 TITLE	<b>Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>Carl Greene</b>		
3.3 STREET ADDRESS	<b>4651 Gulkshire Blvd #1407</b>		
3.4 CITY-ST-ZIP	<b>Naples, FL 34103</b>		
4.1 TITLE	<b>Bryan McDonough - Director</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>Bryan McDonough</b>		
4.3 STREET ADDRESS	<b>3410 Seminole Ave</b>		
4.4 CITY-ST-ZIP	<b>Naples, FL 33962</b>		
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 *Charles Dinsmoor* DATE **4/1/97**

CFR2E037 (9/96)