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Apr 13 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 # N95000001336 (5)
1. Corporation Name
SAN-JEAN FLYING CLUB, INC.



Principal Place of Business C/O CHARLES DINSMOOR 5108 LOCHWOOD COURT NAPLES FL 34104 US	Mailing Address C/O CHARLES DINSMOOR 5108 LOCHWOOD CT NAPLES FL 34104 US
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3. Date Incorporated or Qualified
03/20/1995

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 C/O CARL GREENE Suite, Apt. #, etc. 22 4656 Pond Apple Dr N City & State 23 NAPLES, FL Zip 24 34109 Country 25 USA	2a. Mailing Address 26 C/O CARL GREENE Suite, Apt. #, etc. 27 4656 Pond Apple Dr N City & State 28 NAPLES, FL Zip 29 34109 Country 30 USA
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**DINSMOOR, CHARLES
5108 LOCHWOOD COURT
NAPLES FL 34104**

10. Name and Address of New Registered Agent

81 Name CARL A. GREENE
82 Street Address (P.O. Box Number is Not Acceptable) 4656 Pond Apple Drive North
83
84 City NAPLES FL 85 Zip Code 34109

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 Carl A. Greene Pres. DATE 1/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	SPURLOCK, TERRY
STREET ADDRESS	7185 DENNIS CIRCLE., #105
CITY-ST-ZIP	NAPLES FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	COLCOMBE, STANLEY J
STREET ADDRESS	8891 COMPTON LA
CITY-ST-ZIP	NAPLES FL 33982
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	DINSMOOR, CHARLES A
STREET ADDRESS	5108 LOCHWOOD COURT
CITY-ST-ZIP	NAPLES FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	IVENER, DON
STREET ADDRESS	2415 IMPERIAL CIRCLE
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GREENE, CARL
STREET ADDRESS	4651 GULFSHORE BLVD., #1407
CITY-ST-ZIP	NAPLES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCDONOUGH, BRYAN
STREET ADDRESS	3410 SEMINOLE AVE
CITY-ST-ZIP	NAPLES 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	D <input checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	John Madden
3.3 STREET ADDRESS	5278 Fox Hollow Drive
3.4 CITY-ST-ZIP	Naples, FL 34104
4.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MINGER, BRUCE
4.3 STREET ADDRESS	222 WILOUGHBY DR
4.4 CITY-ST-ZIP	NAPLES, FL
5.1 TITLE	DP <input checked="" 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 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: Carl A. Greene Pres. DATE 1-12-98 012224245

CR2E037 (10/97)