FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500001336

1. Corporation Name

SAN-JEAN FLYING CLUB, INC.

Principal Place of Business Mailing Address					_/				
C/O CARL GREENE 4656 POND APPLE DR N NAPLES FL 34119 US		C/O CARL GREENE 4556 POND APPLE DR N NAPLES FL 34119 US							
Principal Place of Business						ate Incorporated or Qualifed —			
21 26						3/20/1995			
Suite, Apt. #, etc.						EI Number IOT APPLICABLE)	plied For	
22 27 City & State City & State						OT AFFLICABLE	\$8.75	t Applicable	
23 28 28					5. C	ertificate of Status Desired	Fee Re		
Zip				Country		ection Campaign Financing	\$5.00	May Be	
24	25 29 30)	Trust Fund Contribution Added to		o Fees			
	9. Name and Address of Current	Registered Agent	_	r	10. N	ame and Address of New Registe	red Agent		
		·	81	Name		/			
GREENE, CARL A			82	Street A	ddress (P.O	ess (P.O. Box Number is Not Acceptable)			
4656 POND APPLE DRIVE NORTH NAPLES FL 34119			83	83					
NAPLES	L 34119	•	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 re- 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 regis							registered gistered		
agent. I a	m familiar with, and accept the obligat	ions of, Section 617.0503, Florida	a Statutes		(4401) \$ 200.	2 0. 0.00.0.0.0.0.0.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
SIGNATURE						stating) DAT	· .	\	
12.	Signature, typed or printed name of registered agent		gistered Ager	nt signature re	quired when reins AD	DITIONS/CHANGES TO OFFICER		PRS IN 12	
TITLE	T	DELETE	1.1 TITLE				☐ Change	☐ Addition	
NAME	SPURLOCK, TERRY		1.2 NAME						
STREET ADDRESS	TARE DENINIO OIDOLE MADE		1.3 STREET	T ADDRESS				Ì	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-S	T-ZIP					
TITLE	DS	☐ DELETÉ	2.1 TITLE	}	DV	P	E Change	Addition	
NAME	COLCOMBE, STANLEY J		2.2 NAME	i					
STREET ADDRESS	6891 COMPTON LA		2.3 STREET					İ	
CITY-ST-ZIP	NAPLES FL 33962	☐ DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP			Change	Addition	
TITLE	D DOWN		3.1 THE	1					
NAME STREET ADDRESS	MADDEN, JOHN 5278 FOX HOLLOW DRIVE		3.3 STREET	ADDRESS	روه حصيفر س			•	
CITY-ST-ZIP	NAPLES FL 34104		3.4. CITY-S	ì]	
TITLE	DS	☐ DÉLETE	4.1 TITLE				☐ Change	☐ Addition	
NAME	MINER, BRUCE		4. 2 NAME	ĺ				Ì	
STREET ADDRESS	222 WILOUGHBY DR		4.3 STREET	TADORESS				ł	
CfTY-ST-ZIP			4.4 CITY-S	T-ZIP			C 01		
TITLE	DP CAR	☐ DÉLETE	5.1 TITLE	J			Change	☐ Addition	
NAME	GREENE, CARL	17	5.2 NAME	TADDRESS					
STREET ADDRESS	4651 GULFSHORE BLVD., #140 NAPLES FL	u	5.4 CITY-S		•			ł	
CITY-ST-ZIP TITLE	D D	☐ DELETE	6.1 TITLE				☐ Change	Addition	
NAME	MCDONOUGH, BRYAN		6.2 NAME	1	. .				
STREET ADDRESS	A LAA ACTUMATE THE		6.3 STREE	T ADDRESS					

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NAPLES FL

FILED Apr 16, 1999 8:00 am Secretary of State

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