

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 30, 2004
Secretary of State**

DOCUMENT# N95000001336

Entity Name: SAN-JEAN FLYING CLUB, INC.

Current Principal Place of Business:

C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COLCOMBE, S. J.
6891 COMPTON LANE S
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COOPER, DAVID
Address: 793 97TH AVENUE NORTH
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: COLCOMBE, STANLEY J
Address: 6891 COMPTON LANE S
City-St-Zip: NAPLES, FL 34104

Title: D () Delete
Name: GERNOF, SCHWETZ
Address: 481 GRAY COURT
City-St-Zip: MARCO ISLAND, FL 34145

Title: D () Delete
Name: WYNN, JERRY M
Address: 484 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: VARSAMES, JOHN
Address: 8503 GLENN EAGLE WAY
City-St-Zip: NAPLES, FL 34120

Title: TS (X) Delete
Name: MULDER, MARIANNE
Address: 6891 COMPTON LANE S
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: GORMAN, DOUGLAS
Address: 2532 RIO PALERMO CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOSHER, TED
Address: 6458 BIRCHWOOD CT.
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TS (X) Change () Addition
Name: MULDER, MARIANNE
Address: 6891 COMPTON LANE S.
City-St-Zip: NAPLES, FL 34104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STANLEY COLCOMBE

PD

06/30/2004

Electronic Signature of Signing Officer or Director

_____ Date