

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 04, 2005  
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 ( )

**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: GORMAN, DOUGLAS  
Address: 2532 RIO PALERMO CT.  
City-St-Zip: PUNTA GORDA, FL 33950

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

02/04/2005

Electronic Signature of Signing Officer or Director

Date