

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-26-2007 90036 016 ***150.00



1st MOORE CR2E034 (10/06)

DOCUMENT # V39356			
1. Entity Name NORTH PERRY CHAPTER OF THE FLORIDA AERO CLUB, INC.			
Principal Place of Business C/O ANTHONY RESTAINO 8550 NORTHWEST 24 COURT PEMBROKE PINES FL 33024 US		Mailing Address C/O ANTHONY RESTAINO 8550 NORTHWEST 24 COURT PEMBROKE PINES FL 33024 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0410129		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RESTAINO, ANTHONY 8550 NORTHWEST 24 COURT PEMBROKE PINES FL 33024		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	Zip Code
		FL	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Anthony Restaino* (PR) 1/20/07
Signature, typed or printed name of registered agent and title, if applicable. (PR) - Registered Agent's signature required when re-registering.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, NORMAN			NAME			
STREET ADDRESS	1130 102ST			STREET ADDRESS			
CITY- ST - ZIP	BAY HARBOR ISLAND FL 33154			CITY- ST - ZIP			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	James R. Scroggins Jr	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCIARRINO, JOHN			NAME	6245 Plagem Street		
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY			STREET ADDRESS	Hollywood FL 33023		
CITY- ST - ZIP	FORT LAUDERDALE FL 33334			CITY- ST - ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRESLOW, PATRICIA			NAME			
STREET ADDRESS	1166 SE 6TH CT			STREET ADDRESS			
CITY- ST - ZIP	DANIA FL 33004			CITY- ST - ZIP			
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE	Patricia Inglima	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCARTHUR, JANE			NAME	2010 NW 114 Ave		
STREET ADDRESS	P.O. BOX 220367			STREET ADDRESS	Pembroke Pines FL 33026		
CITY- ST - ZIP	HOLLYWOOD FL 33022-0367			CITY- ST - ZIP			
TITLE	CD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRESLOW, ARNOLD			NAME			
STREET ADDRESS	1166 SE 6TH CT			STREET ADDRESS			
CITY- ST - ZIP	DANIA FL 33004			CITY- ST - ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY- ST - ZIP				CITY- ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Patricia Breslow* Treasurer 1/20/07 959581-4437
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR