

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 544982 (2)

1. Corporation Name
SHRINE FLYING CLUB OF ORLANDO, INC.



Principal Place of Business
2721 JENNIFER HOPE BLVD.
LONGWOOD FL 32779-1719

Mailing Address
2721 JENNIFER HOPE BLVD.
LONGWOOD FL 32779-1719

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1005 TEMPLE GROVE	26	1005 TEMPLE GROVE
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	WINTER PARK, FL	28	WINTER PARK, FL
Zip	Country	Zip	Country
24	32789 U.S.A.	29	32789 U.S.A.
25		30	

3. Date Incorporated or Qualified 09/12/1977	
4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
LUKAS, ROBERT F. 2721 JENNIFER HOPE BLVD. LONGWOOD FL 32779-1719		81 Name READ, CHARLES S. 82 Street Address (P.O. Box Number is Not Acceptable) 1005 TEMPLE GROVE 83 84 City WINTER PARK FL 85 Zip Code 32789	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Charles S. Read* SECRETARY/TREAS. 4/20/98
Signature typed or printed name of Registered Agent and the applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MERRILL, WOODROW T.	1.2 NAME	BOYER, JAMES
STREET ADDRESS	1218 SHOREWOOD DRIVE	1.3 STREET ADDRESS	1650 EAST COLONIAL DRIVE
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL
TITLE	STD	2.1 TITLE	STD
NAME	LUKAS, ROBERT F.	2.2 NAME	READ, CHARLES S.
STREET ADDRESS	2721 JENNIFER HOPE BOULEVARD	2.3 STREET ADDRESS	1005 TEMPLE GROVE
CITY-ST-ZIP	LONGWOOD FL	2.4 CITY-ST-ZIP	WINTER PARK, FL
TITLE	VD	3.1 TITLE	VD
NAME	BOYER, JAMES	3.2 NAME	MERRILL, WOODROW T.
STREET ADDRESS	1650 EAST COLONIAL DRIVE	3.3 STREET ADDRESS	1218 SHOREWOOD DRIVE
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	ORLANDO, FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *James Boyer* 4/20/98 (407) 339-1611

CR2E034 (10/97)