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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706454

(6)

CLEWISTON FLYING CLUB INC

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Principal Place	e of Business	Mailing Address			- I IDBAIR HOURE DUITH BEALLE DIERE DAILL DE BEALLE DIERE BEALL DIERE DIDIE DE DIE BEALLE DIERE FED 	ł
ROUTE 2. BOX CLEWISTON FL		ROUTE 2. BOX 170 CLEWISTON FL 33440			3. Date Incorporated or Qualified 11/21/1963 4. FEI Number Applied For	
					73-5601305 Not Applica	ble
2. Principal Pl	lace of Business	2a. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees	
City & State		City & State			7. Is this nonprofit corporation a homeowners association? Yes No	
Zip	Country	28 Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible	
24	25	29	30	•	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registered Agent	
				81 Name		
PHELPS, RICHARD V. 327 AVENIDA DEL RIO			Ī	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	TON FL 33440		Ī	83		
			Ī	84 City	FL 85 Zip Code	
	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	2 and 617.1508, Florida Statut of Florida. Such change was ations of, Section 617.0503, Fl	tes, the ab- authorized lorida Statu	ove-named corpo by the corporation ttes.	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	ed
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	TE: Registered	Agent signature required	d when reinstating) DATE	- ;
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Р	☐ DELETE	1,1 TITL	E	Change Addit	
	PHELPS.RICHARD V					ion
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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.

CICNIATUDE.

64 LOSTINATURE REDVIRED 1-21-88 (941) 883-7

CR2E037 (10/97)

FILED

Jan 29 1998 8:00am

Secretary of State