

FILE NOW: FILING FEE IS \$61.25

FILED

Sep 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1998

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

DOCUMENT # 710883  
1. Corporation Name  
FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.

Principal Place of Business  
P.O. Box 7072  
Lakeland FL 33807

Mailing Address

2. Principal Place of Business  
21 P.O. Box 6931  
Suite, Apt. #, etc.  
22  
City & State  
23 Lakeland FL  
Zip  
24 33807  
Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29  
Country  
30

3. Date Incorporated or Qualified  
5/13/1966

4. FEI Number  
59-2867783

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
John K Schamale  
46800 Deep Woods Road  
Paisley FL

10. Name and Address of New Registered Agent  
81 Name Allan Wise  
82 Street Address (P.O. Box Number is Not Acceptable) 2517 Carribean Court  
83  
84 City Orlando FL 85 Zip Code 32805

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Shelly Decker* DATE 7/20/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	John K Schamale	
STREET ADDRESS	46800 Deep Woods Road	
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> DELETE
NAME	Allan Wise	
STREET ADDRESS	2517 Carribean Court	
CITY-ST-ZIP	Orlando FL 32805	
TITLE	Treasure	<input type="checkbox"/> DELETE
NAME	Kenneth Maggart	
STREET ADDRESS	807-78th Street	
CITY-ST-ZIP	Tampa FL 33619	
TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Mary Beth Schamale	
STREET ADDRESS	46800 Deep Woods Road	
CITY-ST-ZIP	Paisley FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	John K Schamale	
STREET ADDRESS	46800 Deep Woods Road	
CITY-ST-ZIP	Paisley FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Ester Decker	
STREET ADDRESS	1735 Maple wood Drive	
CITY-ST-ZIP	Edgewater FL 32032	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allan Wise	
1.3 STREET ADDRESS	2517 Carribean Court	
1.4 CITY-ST-ZIP	Orlando FL 32805	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Shelly Decker	
2.3 STREET ADDRESS	1735 Maplewood Drive	
2.4 CITY-ST-ZIP	Edgewater FL 32043	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Secretary / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Steve Turner	
4.3 STREET ADDRESS	2140 Pioneer Trail	
4.4 CITY-ST-ZIP	New Smyrna Beach FL 32168	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	800002631918	
5.3 STREET ADDRESS	-09/04/98--01014--041	
5.4 CITY-ST-ZIP	***61.25	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Shelly Decker* DATE: 7/20/98  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)