

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718606 (7)
1. Corporation Name
ATLANTIC FLYING CLUB, INC.



Principal Place of Business: P.O. BOX 773 FERNANDINA BEACH FL 32034
Mailing Address: P.O. BOX 773 FERNANDINA BEACH FL 32034

3. Date Incorporated or Qualified: 06/01/1970
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-1324610	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
		28			<input type="checkbox"/>	
23	Zip	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country	30	Country		<input type="checkbox"/>	
24				8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRESSLER, GORDON 121 NORTH 6TH STREET FERNANDINA BEACH FL 32034				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		11 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NEASE, DAVID			12 NAME	Smith, Jim		
STREET ADDRESS	P O BOX 1007 NA			13 STREET ADDRESS	4620 Glyn Woods Court		
CITY-ST-ZIP	YULEE FL			14 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		21 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, JIM			22 NAME	Spitzform, Ken		
STREET ADDRESS	4620 GLYN WOODS COURT			23 STREET ADDRESS	1785 Jackson Court		
CITY-ST-ZIP	FERNANDINA BEACH FL			24 CITY-ST-ZIP	Fernandina Beach, FL 32034		
TITLE	STD	<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROSS, FRANK			32 NAME			
STREET ADDRESS	2413 1ST AVE APT 106			33 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL			34 CITY-ST-ZIP			
TITLE	OD	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DRESSLER, GORDON			42 NAME			
STREET ADDRESS	121 NORTH 6TH STREET			43 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BCH FL			44 CITY-ST-ZIP			
TITLE	MD	<input checked="" type="checkbox"/> DELETE		51 TITLE	MD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SALMON, RON			52 NAME	Greene, Bob		
STREET ADDRESS	2754-A 1ST AVE			53 STREET ADDRESS	3233 Clipper Place		
CITY-ST-ZIP	FERNANDINA BEACH FL			54 CITY-ST-ZIP	Jacksonville, FL 32216		
TITLE	D	<input checked="" type="checkbox"/> DELETE		61 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DEES, DALE			62 NAME	Davis, John		
STREET ADDRESS	20 NORTH 15TH ST			63 STREET ADDRESS	7231 Secret Woods Trail		
CITY-ST-ZIP	FERNANDINA BEACH FL			64 CITY-ST-ZIP	Jacksonville, FL 32216		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gordon Dressler April 29, 1996 904-261-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Gordon Dressler, Operations Officer

CR2E037 (12/95)