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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32095-0773
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3. Date Incorporated or Qualified 06/01/1970	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1324610	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DRESSLER, GORDON
121 NORTH 6TH STREET
FERNANDINA BEACH FL 32034**

10. Name and Address of New Registered Agent

81 Name Ellen Marie Kriete
82 Street Address (P.O. Box Number is Not Acceptable) 4620 Glyn Woods
83
84 City Amelia Island
85 Zip Code FL 32034

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 *Ellen Marie Kriete* *president* *22 April 97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME SMITH, JIM	
STREET ADDRESS 4620 GLYN WOODS COURT	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE VD	<input checked="" type="checkbox"/> DELETE
NAME SPITZFORM, KEN	
STREET ADDRESS 1785 JACKSON COURT	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE STD	<input checked="" type="checkbox"/> DELETE
NAME ROSS, FRANK	
STREET ADDRESS 2413 1ST AVE APT 106	
CITY-ST-ZIP FERNANDINA BEACH FL	
TITLE OD	<input type="checkbox"/> DELETE
NAME DRESSLER, GORDON	
STREET ADDRESS 121 NORTH 6TH STREET	
CITY-ST-ZIP FERNANDINA BCH FL	
TITLE STD	<input type="checkbox"/> DELETE
NAME GREENE, BOB	
STREET ADDRESS 3233 CLIPPER PLACE	
CITY-ST-ZIP JACKSONVILLE FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME DAVIS, JOHN	
STREET ADDRESS 7231 SECRET WOODS TRAIL	
CITY-ST-ZIP JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Bishop, David J.	
1.3 STREET ADDRESS 2038 Marlin Court	
1.4 CITY-ST-ZIP Fernandina Beach, Florida 32034	
2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Kriete, Ellen Marie	
2.3 STREET ADDRESS 4620 Glyn Woods	
2.4 CITY-ST-ZIP Amelia Island, Florida 32034	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Gamache, Andy	
3.3 STREET ADDRESS 6175 Royal Estates Place	
3.4 CITY-ST-ZIP Jacksonville, Florida 32277	
4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Smith, Al	
4.3 STREET ADDRESS 2162 Talbot Court	
4.4 CITY-ST-ZIP Fernandina Beach, Florida 32034	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME Salomon, Ron	
5.3 STREET ADDRESS 2328 Sadler Road Apartment 7E	
5.4 CITY-ST-ZIP Fernandina Beach, Florida 32034	
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 do 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.

CR2E037 (9/96)