

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718606

FILED
Mar 04, 2006
Secretary of State

Entity Name: ATLANTIC FLYING CLUB, INC.

Current Principal Place of Business:

P.O. BOX 773
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 773
FERNANDINA BEACH, FL 32034

New Mailing Address:

FEI Number: 59-1324610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BISHOP, DAVID J
1626 DADE STREET
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PDT () Delete
Name: BISHOP, DAVID J
Address: 1626 DADE STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: S () Delete
Name: AGEE, MARK
Address: 2915 EASTWIND DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: PITTMAN, BILLY V
Address: 1669 ELLIS LANDING
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: BYRNS, KENNETH L
Address: 310 SOUTH 6TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VD () Delete
Name: PAIGE, ARTHUR
Address: 1788 JACKSON CT
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D () Delete
Name: BERRY, PATRICK
Address: 2804 KIMBERLY STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID J. BISHOP

PDT

03/04/2006

Electronic Signature of Signing Officer or Director

Date