

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 # 748717

(6)

1. Corporation Name

LAKE COUNTY AVIATION ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**8807 AIRPORT DRIVE
BOX 5
LEESBURG FL 34788
US**

**% SUNAIR AVIATION
32650 ECHO DRIVE
LEESBURG FL 34788
US**



3. Date Incorporated or Qualified
08/30/1979

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KERTZ, JACOB
05005 MAGNOLIA RIDGE RD.
FRUITLAND PARK FL 34731-1208**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VPD** ☒ DELETE
NAME **KUTCH, FRANK**
STREET ADDRESS **2205 E. MAIN STREET**
CITY-ST-ZIP **LEESBURG FL**

TITLE **PD** ☒ DELETE
NAME **LLOYD, CHARLES**
STREET ADDRESS **33926 SABAL WAY**
CITY-ST-ZIP **LEESBURG FL**

TITLE **STD** ☒ DELETE
NAME **SAVAGE, BEULAH M.**
STREET ADDRESS **1501 FLORADEL AVE**
CITY-ST-ZIP **LEESBURG FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

VPD ☒ Change ☐ Addition
Charles Weller
671 Safe Harbour Dr.
Ocoee, FL 34761

PD ☒ Change ☐ Addition
Beulah M. Savage
1501 Floradel Ave.
Leesburg, FL 34748

SD ☒ Change ☐ Addition
Jacob Kertz
05005 Magnolia Ridge Rd.
Fruitland Park, FL 34731

TD ☒ Change ☐ Addition
Leo Mayo
318 Magnolia Dr.
Fruitland Park, FL 34731

2nd VPD ☐ Change ☒ Addition
Robert J. Brodin
P. O. Box 1292
Fruitland Park, FL 34731

☐ Change ☐ Addition

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:

Jacob D. Kertz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacob D. Kertz 4/11/96 352-728-4435
Date Daytime Phone #

CR2E037 (12/95)