

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 # 748803 (4)

1. Corporation Name

FLORIDA CHAPTER OF THE ANTIQUE AIRPLANE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

691 QUIETWATER COVE
ALTAMONTE SPRINGS FL 32701
US

691 QUIETWATER COVE
ALTAMONTE SPRINGS FL 32701
US

3. Date Incorporated or Qualified
09/05/1979

3a. Date of Last Report
02/17/1995

2. Principal Place of Business

2a. Mailing Address

21 **1750 HANNAH DR**

26 **1750 HANNAH DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **City & State**

27 **City & State**

23 **MOUNT DORA, FL**

28 **MOUNT DORA, FL**

24 **Zip**

29 **Zip**

25 **Country**

30 **Country**

26 **32757 LAKE**

31 **32757 LAKE**

4. FEI Number
65-0128561

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CONYERS, JR. J
691 QUIETWATER COVE
ALTAMONTE SPRINGS FL 32701

81 Name
ALBERT KIMBALL
82 Street Address (P.O. Box Number is Not Acceptable)
1750 HANNAH DR.
83
84 City
MOUNT DORA

FL 85 Zip Code
32757

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 617.0502, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

ALBERT KIMBALL, PRESIDENT 2-6-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE
NAME **LASKO, PETER**
STREET ADDRESS **18801 CROSSWIND AVE., NE**
CITY - ST - ZIP **N. FT. MYERS FL**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **ALBERT KIMBALL**
1.3 STREET ADDRESS **PO BOX 1288**
1.4 CITY - ST - ZIP **ZELLWOOD, FL 32798**

TITLE **T** ☐ DELETE
NAME **CONYERS, JAMES B.**
STREET ADDRESS **691 QUIETWATER COVE**
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
2.2 NAME **JAMES B. CONYERS**
2.3 STREET ADDRESS **SAME**
2.4 CITY - ST - ZIP

TITLE **V** ☒ DELETE
NAME **WENZ, PAUL**
STREET ADDRESS **6 AIRPORT RD**
CITY - ST - ZIP **FROSTPROOF FL**

3.1 TITLE **TREASURER** ☐ Change ☒ Addition
3.2 NAME **A. RUTH YOUNG**
3.3 STREET ADDRESS **1750 HANNAH DR.**
3.4 CITY - ST - ZIP **Mt. DORA, FL 32757**

TITLE **D** ☒ DELETE
NAME **MORRIS, GENE**
STREET ADDRESS **BOX 148**
CITY - ST - ZIP **BRADENTON FL**

4.1 TITLE **V.P.** ☐ Change ☒ Addition
4.2 NAME **RUSS ORTNER**
4.3 STREET ADDRESS **1837 CEDAR GLEN DR.**
4.4 CITY - ST - ZIP **APOPKA, FL 32712**

TITLE **D** ☐ DELETE
NAME **KIMBALL, JIM**
STREET ADDRESS **PO BOX 849 N/A**
CITY - ST - ZIP **ZELLWOOD FL**

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

TITLE **D** ☒ DELETE
NAME **LAYMON, DAN**
STREET ADDRESS **P.O. BOX 2114 N/A**
CITY - ST - ZIP **ARCADIA FL 33821**

6.1 TITLE ☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-96 407-886-2285

CR2E037 (12/95)