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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 759035

(9)

1. Corporation Name

CENTRAL FLORIDA FLYRODDERS, INC.



Principal Place of Business

Mailing Address

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789

315 E. NEW ENGLAND AVE.
P.O. BOX 940
WINTER PARK FL 32789-4401

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/06/1981

3a. Date of Last Report

04/04/1996

4. FEI Number

59-1950284

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

FRANCESCHINA, GORDON
315 EAST NEW ENGLAND AVENUE
WINTER PARK FL

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME BARSON, DAVE
STREET ADDRESS 3371 SANDY SHORE LANE
CITY-ST-ZIP KISSIMMEE FL 34473

TITLE VD ☐ DELETE

NAME DONOGHUE, DONALD
STREET ADDRESS 2125 HOFFNER AVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE VD ☐ DELETE

NAME LACHTARA, ROBERT
STREET ADDRESS 1810 GLENDALE RD
CITY-ST-ZIP ORLANDO FL 32808

TITLE TD ☒ DELETE

NAME DAVIS, MARY
STREET ADDRESS 924 PARK MANOR DR.
CITY-ST-ZIP ORLANDO FL 32825

TITLE S ☐ DELETE

NAME OSBORN, JARED
STREET ADDRESS 1012 PAGEL CT
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ DELETE

NAME WARREN, EARL
STREET ADDRESS 4602 HAYLOCK DR
CITY-ST-ZIP ORLANDO FL 32807

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Warren, Earl
1.3 STREET ADDRESS 4602 Haylock Dr.
1.4 CITY-ST-ZIP Orlando, FL 32807

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME Rhodes, Joseph
4.3 STREET ADDRESS 5015 LOUVRE AVE
4.4 CITY-ST-ZIP Orlando, FL 32812

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME Barson, David
6.3 STREET ADDRESS 3371 Sandy Shore Lane
6.4 CITY-ST-ZIP Kissimmee, FL 34473

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)