


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90639 038 \*\*\*\*61.25

<b>DOCUMENT # F00000005498</b>	
<b>1. Entity Name</b>	
<b>ORGANIZATION FOR SPORT AVIATION COMPETITION, INCORPORATED</b>	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
9729 EAST 3000TH STRET KEWANEE IL 61443-8886	9729 EAST 3000TH STRET KEWANEE IL 61443-8886

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

<b>4. FEI Number</b>	<b>36-4417181</b>	<b>Applied For</b>
		<input type="checkbox"/> Not Applicable

<b>5. Certificate of Status Desired</b>	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>
HIGBIE, BONNIE 3229 FORESTBROOK DRIVE, NORTH LAKELAND FL 33811-1659

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**8. 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. I am familiar with, and accept the obligations of registered agent.**

<b>SIGNATURE</b>	<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<b>DATE</b>
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2004</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b>	<b>PCTD</b> <input type="checkbox"/> Delete
<b>NAME</b>	INFANTE, ANITA C
<b>STREET ADDRESS</b>	9729 E. 3000TH ST.
<b>CITY - ST - ZIP</b>	KEWANEE IL
<b>TITLE</b>	<b>VASD</b> <input type="checkbox"/> Delete
<b>NAME</b>	STEWART, WILLIAM E
<b>STREET ADDRESS</b>	522 SOUTH TREMONT STREET
<b>CITY - ST - ZIP</b>	KEWANEE IL
<b>TITLE</b>	<b>VSD</b> <input type="checkbox"/> Delete
<b>NAME</b>	HANSEN, JON S
<b>STREET ADDRESS</b>	1912 MAJESTIC PINES
<b>CITY - ST - ZIP</b>	WAUTOMA WI
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Anita C. Infante* **3/31/04** **309853-5328**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #