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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # F9700005633 (9)

FUTURE PROFESSIONAL PILOT'S ASSOCIATION, INC

FILED
May 21 1998 8:00am
Secretary of State

| 101011 | E THOI EODIONAL TIEOT O | , Addodin Holl, III | 10. | | | |
|--|-------------------------------------|--|---------------------------|--|---|--------------------------------------|
| Principal Place of Business | | Mailing Address | | | II ODIA BOIN ODIBI BARO ONOS IROGO INI IDDI | |
| % STUDENT ACTIVITIES 800 S. CLYDE MORRIS BLVD | | % STUDENT ACTIVITIES 600 S. CLYDE MORRIS BLVD | | 3. Date Incorporated or Qualified 10/23/1997 | d , | |
| DAYTONA BEA | OH FL 32114-3900 | DAYTONA BEACH FL | 32114-3900 | • . | 4. FEI Number | Applied For |
| | | T - 10 | | | | Not Applicable |
| 2. Principal Place of Business | | 2a. Mailing Address | 28. Mailing Address | | 5. Certificate of Status Desired | \$8.75 Additional Fee Regulred |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | |
| 22 City & State | | City & Clate | City & State | | Trust Fund Contribution | Added to Fees |
| City & State | | 28 | | 7. Is this nonprofit corporation a homeowners association? | | |
| Zip | Country Zip | | Country | , | 8. This corporation owes or has | |
| 24 | 25 | 29 | 30 | | Personal Property Tax due Ju | |
| | 9. Name and Address of Currer | nt Registered Agent | | | 10. Name and Address of New | Registered Agent |
| AGUATI | IA BIOLIADO I | | 81 | Name | | |
| AGUSTUS, RICHARD J EMBRY-RIDDLE AERONAUTICAL UNIVERSITY | | | | Street A | ddress (P.O. Box Number is Not Accept | table) |
| 600 S. CLYDE MORRIS BLVD | | | 63 | | | |
| DAYTON | IA B EACH FL 32114-3900 | | 84 | City | | FL 85 Zip Code |
| 11. Pursuant i | orthe provisions of Section 617 050 |) 2 and 617.1508. Florida 5 | Statutes, the above | e-named c | orporation submits this statement for the | e purpose of changing its registered |
| 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 apopting obligations of, Section 617.0503, Florida Statutes. | | | | | | |
| SIGNATURE _ | 1717/111/1/1/ | $q_{A}(R) + R$ | ichard II. | Aau | itus T | 13/98 |
| | | of and title 4 applicable. | (NOTE: Registered Age | ent signature r | equired when reinstating) | FICERS AND DIRECTORS IN 12 |
| 12. | VOLFICERS AN | DELETI | 13. E 1.1 TITLE | Т | P/# D | Change Addition |
| NAME | STUART, MATTHEW C | | 1.2 NAME | | | |
| STREET ADDRESS | 1001 SUTTON CR #33 | | 1.3 STREET | ADDRESS | STUART, MATTHEW C. 1006 SUTTON CR #5 | 3 |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | 1.4 CITY-5 | T-ZIP | DAYTONA BEACH, FL 3 | |
| TITLE | V | DELET | E 2.1 TITLE | | <i>₹</i> / ₹ | i I Change 🎜 Addition |
| NAME | HICKMAN, JAMES N | | 2.2 NAME | | FREISMUTH, JER 778 JIMMY ANN D | 18 46 1301 |
| STREET ADDRESS | 1400 S. NOVA RD #189 | | 2.3 STREET | i | VANDAM CHASH E. | P 2 1144 |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | DELETI | 2. 4 CITY- | ST-ZIP | DAYTOWA BEACH, FL | Change Addition |
| TITLE NAME | AYLOR, TIMOTHY E | L.J UECEN | E 3.1 TITLE 3.2 NAME | | | ·- · - |
| STREET ADDRESS | 129 POINT O'WOODS DR | | | ADDRESS | AYLOR, TIMOTHY E, 1400 HANGOCK BLVD. | # 914 |
| CITY-ST-ZIP | DAYTONA BEACH FL 32114 | | 3.4. CITY - | | DAYTONA BEACH, FL | |
| TITLE | | ☐ DELET | E 4.1 TITLE | | | Change Addition |
| NAME | | | 4. 2 NAME | | | |
| STREET ADDRESS | | | 4.3 STREET | ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CiTY-5 | T - ZIP | | Observe Addition |
| TITLE | | ☐ DELET | | | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | ADDRESS | | |
| CITY-ST-ZIP | <u></u> | DELET | 5.4 CITY - 8 6.1 TITLE | st-ZIP | | Change Addition |
| TITLE | | _ 54441 | 6.2 NAME | ļ | | |
| NAME STREET ADDRESS | | | | ADDRESS | | |
| OINCE ALAUNESS | | | 0.0 STREET | ,20,100 | | |

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14. I hereby certify that the information supplied with this filing of indicated on this annual report or supplymental angular poor officer or director of the corporation of the receiver or trustee Block 12 or Block 13 if changed, or the artificity ent with an attachment.

Matthews C Street

4112100

es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

brul 238-10242