

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

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91212 017 ****61.25

DOCUMENT # N00000003086

1. Entity Name

FLORIDA MOTORGLIDER CLUB, INC.



Principal Place of Business

ZEPHYRHILLS MUNICIPAL AIRPORT
40223 SUNPATH AVE.
ZEPHYRHILLS FL 33540

Mailing Address

JOHN DODSON, SR
10018 OXFORD CHAPEL DR
TAMPA FL 33647-2870

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DODSON, JOHN M SR
10018 OXFORD CHAPEL DR.
TAMPA FL 33647-2870

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD
NAME SCHEURER, ROBERT L ☐ Delete
STREET ADDRESS 2001 BRINSON ROAD, #305
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD
NAME KURSINSKY, DONALD ☐ Delete
STREET ADDRESS 10521 HILLRISE COURT
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME DODSON, JOHN M SR ☐ Delete
STREET ADDRESS 10018 OXFORD CHAPEL DRIVE
CITY-ST-ZIP TAMPA FL 33647

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME ROGERS, KRIS ☒ Delete
STREET ADDRESS 9413 ROME CIRCLE
CITY-ST-ZIP TAMPA FL 33612

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD
NAME PATTON, BRUCE ☐ Delete
STREET ADDRESS 22947 COLLRIIDGE DRIVE
CITY-ST-ZIP LAND O LAKES FL 34639

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #