

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 # N06059 (2)

1. Corporation Name

WINGS OF EAGLES FLYING CLUB, INC.



Principal Place of Business

Mailing Address

~~830 GEORGIA AVE
LONGWOOD FL 32750~~

**9 Marlene Court
Sorrento, FL 32776
US**

**P.O. BOX 2342
SANFORD FL 32771**

3. Date Incorporated or Qualified
11/08/1984

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2559612

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

~~DUTCHER, GERALD E
830 GEORGIA AVE
LONGWOOD FL 32750~~

81 Name

VICKI BROWN

82 Street Address (P.O. Box Number is Not Acceptable)

9 MARLENE COURT

83

Sorrento, FL. 32776

84 City

Sorrento

85

Zip Code

FL

32776

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

X Vicki E Brown

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GROH, STEVEN	
STREET ADDRESS	773 CROSS BOW LN	
CITY-ST-ZIP	SANFORD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DONOVAN, DONALD	
STREET ADDRESS	5502 DATE DR 1301 W. FAIRBANKS AVE.	
CITY-ST-ZIP	ORLANDO FL WINTER PARK, FL. 32789	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DUTCHER, GERALD	
STREET ADDRESS	830 GEORGIA AVE	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	CROSSLEY, AGNES	
STREET ADDRESS	2067 DEARING AVE.	
CITY-ST-ZIP	DELTONA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALDERMAN, BRYAN	
STREET ADDRESS	132 W. LAURAN COURT	
CITY-ST-ZIP	FERN PARK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CROSSLEY, GEORGE	
STREET ADDRESS	2067 DEARING AVE	
CITY-ST-ZIP	DELTONA FL	

1.1 TITLE	SEC. S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VICKI BROWN	
1.3 STREET ADDRESS	9 MARLENE COURT	
1.4 CITY-ST-ZIP	SORRENTO, FL. 32776	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	DALE JAHN	
2.3 STREET ADDRESS	27 PIED COURT	
2.4 CITY-ST-ZIP	ORLANDO, FL. 32828	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	D	
3.2 NAME	JOHN VALLEE	
3.3 STREET ADDRESS	807 TOMLINSON TERRACE	
3.4 CITY-ST-ZIP	LAKE MARY, FL. 32746	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GREG WALTHER	
4.3 STREET ADDRESS	710 DENTON ROAD	
4.4 CITY-ST-ZIP	WINTER PARK, FL. 32792	
5.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Danny Brown	
5.3 STREET ADDRESS	9 Marlene Ct	
5.4 CITY-ST-ZIP	Sorrento, FL 32776	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *X Vicki E. Brown*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 401/333-0600

Date Daytime Phone

CR2E037 (12/95)