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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06059** (2)

1. Corporation Name

WINGS OF EAGLES FLYING CLUB, INC.

Principal Place of Business

Mailing Address

**9 MARLENE COURT
SORRENTO FL 32776
US**

**P.O. BOX 2342
SANFORD FL 32772-2342**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
11/08/1984

3a. Date of Last Report
04/04/1996

4. FEI Number
59-2559612

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

10. Name and Address of New Registered Agent

**BROWN, VICKI
9 MARLENE COURT
SORRENTO FL 32776**

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

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

(NOTE: Registered Agent signature required when installing)

DATE

3/8/97

12.

OFFICERS AND DIRECTORS

TITLE	SD	☐ DELETE
NAME	BROWN, VICKI	
STREET ADDRESS	9 MARLENE COURT	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	D	☒ DELETE
NAME	DONOVAN, DONALD	
STREET ADDRESS	1301 W. FAIRBANKS AVE	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	☐ DELETE
NAME	JAHN, DALE	
STREET ADDRESS	27 PIED COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	AT	☒ DELETE
NAME	CROSSLEY, AGNES	
STREET ADDRESS	2067 DEARING AVE.	
CITY-ST-ZIP	DELTONA FL	
TITLE	VD	☐ DELETE
NAME	BROWN, DANNY	
STREET ADDRESS	9 MARLENE CT	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	PD	☒ DELETE
NAME	CROSSLEY, GEORGE	
STREET ADDRESS	2067 DEARING AVE	
CITY-ST-ZIP	DELTONA FL	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Vallee, John	
1.3 STREET ADDRESS	807 Tomlinson Terr	
1.4 CITY-ST-ZIP	Lake Mary, FL 32746	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Cole, Roger	
2.3 STREET ADDRESS	8619 Veridian Dr	
2.4 CITY-ST-ZIP	Orlando, FL 32810	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Dutcher, Jerry	
3.3 STREET ADDRESS	830 Georgia Ave	
3.4 CITY-ST-ZIP	Longwood, FL 32750	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	PD	☒ Change ☐ Addition
5.2 NAME	Brown, Danny	
5.3 STREET ADDRESS	9 marlene ct	
5.4 CITY-ST-ZIP	Sorrento, FL 32776	
6.1 TITLE	VD	☐ Change ☒ Addition
6.2 NAME	Walther, Gregg	
6.3 STREET ADDRESS	710 Denton St	
6.4 CITY-ST-ZIP	Winter Park, FL 32792	

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

SIGNATURE

Vicki S. Brown

2/27/97

(42) 327 327

CR2E037 (9/96)