

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

**9 MARLENE COURT
SORRENTO FL 32776
US**

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

3. Date Incorporated or Qualified

11/08/1984

4. FEI Number

59-2559612

Applied For

☒ Not Applicable

2. Principal Place of Business

21 JETT AIRE EXECUTIVE SRVS.

2a. Mailing Address

26 WINGS OF EAGLES FLYING CLUB, INC.

Suite, Apt. #, etc.

INC.

Suite, Apt. #, etc.

22 100 JETT AIRE COURT

27 P.O. BOX 2342

City & State

23 SANFORD, FLORIDA

City & State

28 SANFORD, FLORIDA

Zip

24 32773

Country

25 US

Zip

29 32772-2342

Country

30 US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

GERALD E. DUTCHER

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

830 GEORGIA AVENUE

83

84 City

LONGWOOD

FL

85 Zip Code
32750

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 **GERALD E. DUTCHER, PRESIDENT/DIRECTOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/20/98

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 **COLE, ROGER**
STREET ADDRESS **8819 VERIDIAN DR**
CITY-ST-ZIP **ORLANDO FL**

TITLE **D** ☐ DELETE

NAME **JAHN, DALE**
STREET ADDRESS **27 PIED COURT**
CITY-ST-ZIP **ORLANDO FL 32828**

TITLE **D** ☐ DELETE

NAME **DUTCHER, JERRY**
STREET ADDRESS **830 GEORGIA AVE**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **PD** ☒ DELETE

NAME **BROWN, DANNY**
STREET ADDRESS **9 MARLENE CT**
CITY-ST-ZIP **SORRENTO FL**

TITLE **VD** ☒ DELETE

NAME **WALTHER, GREGG**
STREET ADDRESS **710 DENTON ST**
CITY-ST-ZIP **WINTER PARK FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **SD** ☐ Change ☒ Addition

1.2 NAME **VALLEE, JOHN**
1.3 STREET ADDRESS **807 TOMLINSON TERRACE**
1.4 CITY-ST-ZIP **LAKE MARY, FL 32746**

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME **PROUTEY, DONALD**
2.3 STREET ADDRESS **501 MADRIGAL COURT**
2.4 CITY-ST-ZIP **ORLANDO, FL 32825-3349**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **PD** ☒ Change ☐ Addition

4.2 NAME **GERALD E. DUTCHER**
4.3 STREET ADDRESS **830 GEORGIA AVENUE**
4.4 CITY-ST-ZIP **LONGWOOD, FL 32750**

5.1 TITLE **D** ☐ Change ☒ Addition

5.2 NAME **LIETZKE, JERRY**
5.3 STREET ADDRESS **1915 CENTER DRIVE**
5.4 CITY-ST-ZIP **CASSELBERRY, FL 32707-4103**

6.1 TITLE **TD** ☐ Change ☒ Addition

6.2 NAME **KATHLEEN DUTCHER**
6.3 STREET ADDRESS **830 GEORGIA AVENUE**
6.4 CITY-ST-ZIP **LONGWOOD, FL 32750**

14. 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 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: **KATHLEEN DUTCHER, TREASURER/DIRECTOR** *Kathleen Dutcher* 7/20/98 (407)260-3457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)

FILED
Jul 29 1998 8:00am
Secretary of State

