

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 29, 1999 8:00 am
Secretary of State

07-29-1999 90017 015 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N06059 ✓

1. Corporation Name

WINGS OF EAGLES FLYING CLUB, INC.

Principal Place of Business

JETT AIRE EXECUTIVE SRVS
 100 JETT AIRE COURT
 SANFORD FL 32773
 US

Mailing Address

WINS OF EAGLES FLYING CLUB INC
 P O BOX 2342
 SANFORD FL 32772-342
 US.

* 5 9 8 2 1 3 - 9 0 0 1 7 - 1 5 3 *



2. Principal Place of Business

21 **Million Air Orlando, Inc**

Suite, Apt. #, etc.

22 **100 Jett Aire Court**

City & State

23 **Sanford, Florida**

Zip

24 **32773**

Country

25 **U.S.**

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

11/08/1984

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

9. Name and Address of Current Registered Agent

DUTCHER, GERALD E
 830 GEORGIA AVENUE
 LONGWOOD FL 32750

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VALLEE, JOHN	
STREET ADDRESS	807 TOMLINSON TERRACE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PROUTEY, DONALD	
STREET ADDRESS	501 MADRIAL COURT	
CITY-ST-ZIP	ORLANDO FL 32825-3349	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JAHN, DALE	
STREET ADDRESS	27 PIED COURT	
CITY-ST-ZIP	ORLANDO FL 32828	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUTCHER, GERALD E	
STREET ADDRESS	830 GEORGIA AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LIETZKE, JERRY	
STREET ADDRESS	1915 CENTER DRIVE	
CITY-ST-ZIP	CASSELBERRY FL 32707-4103	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUTCHER, KATHLEEN	
STREET ADDRESS	830 GEORGIA AVENUE	
CITY-ST-ZIP	LONGWOOD FL 32750	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCHEFF, BRUCE E.	
1.3 STREET ADDRESS	148 NORTH ROAD	
1.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCCARRON, FRANK	
2.3 STREET ADDRESS	157 SHERIDAN AVENUE	
2.4 CITY-ST-ZIP	LONGWOOD, FL 32750	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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, with all other like empowered.

SIGNATURE:

KATHLEEN DUTCHER, TREASURER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/22/99

Date

(407) 331-0732

Daytime Phone #

CR2E037 (11/98)