

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

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90055 048 ****61.25

DOCUMENT # N06059

1. Entity Name

WINGS OF EAGLES FLYING CLUB, INC.



Principal Place of Business

EXECUTIVE AIR CENTER
137 CRYSTAL LAKE DR.
ORLANDO FL 32814
US

Mailing Address

WINGS OF EAGLES FLYING CLUB INC
P O BOX 140231
ORLANDO FL 32814
US

24050803



MOORE CR2E037 (11/03)

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

59-2559612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHTEN, MAX D
1156 NEW CASTLE COURT
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name JOHN M. ALLEN
Street Address (P.O. Box Number is Not Acceptable)
343 LEXINGTON DR

City ORLANDO

FL

Zip Code
32828

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]

4/19/04

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

TITLE ☐ Delete
NAME FARINACCI, MICHAEL
STREET ADDRESS 637 WILDFLOWER CT.
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME MCCARRON, FRANK
STREET ADDRESS 157 SHERIDAN AVE
CITY-ST-ZIP LONGWOOD FL 32750

TITLE ☐ Delete
NAME JAHN, DALE
STREET ADDRESS 1726 BILLINGHURST COURT
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☒ Delete
NAME ROBERTSON, KEN
STREET ADDRESS 178 MOONBEAM ROAD
CITY-ST-ZIP APOPKA FL 32712

TITLE ☐ Delete
NAME LIETZKE, JERRY
STREET ADDRESS 1915 CENTER DRIVE
CITY-ST-ZIP CASSELBERRY FL 32707-4103

TITLE ☒ Delete
NAME ROBERTSON, CINDY
STREET ADDRESS 178 MOONBEAM RD.
CITY-ST-ZIP APOPKA FL 32712

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME SD JAHN, DALE
STREET ADDRESS 1726 Billingshurst Court
CITY-ST-ZIP Orlando, FL 32825

TITLE ☐ Change ☒ Addition
NAME Joe Marszal
STREET ADDRESS 3025 NICHOLSON DRIVE
CITY-ST-ZIP WINTERPARK, FL 32792-7502

TITLE ☐ Change ☒ Addition
NAME John Allen
STREET ADDRESS 343 Lexington DR
CITY-ST-ZIP ORLANDO, FL 32828

TITLE ☐ Change ☒ Addition
NAME Anton Schwing
STREET ADDRESS 14713 Bray Rd
CITY-ST-ZIP Orlando, FL 32832

TITLE ☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-04

Date

407-260-5600 X120

Daytime Phone #