

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90699 004 ****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

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

60014447



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2559612**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTEN, MAX D
1156 NEW CASTLE COURT
OVIEDO FL 32765**

Name

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

City

FL

Zip Code

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, 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **D** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **SD** Change Addition
NAME **MARSZAL, JOSEPH F.**
STREET ADDRESS **3025 NICHOLSON DR.**
CITY-ST-ZIP **WINTER PARK, FL 32792-7502**

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

TITLE **PD** Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** Delete
NAME **LIGHTSEY, MAX P**
STREET ADDRESS **1156 NEW CASTLE COURT**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **T** Change Addition
NAME **Robertson, Cindy**
STREET ADDRESS **178 Moonbeam Rd**
CITY-ST-ZIP **Apopka, FL 32712**

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 REQUIRED*

0/10/03 407-880-3484

CR2E037 (10/02)