

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10961

FILED
Jan 06, 2004
Secretary of State**Entity Name:** SOUTH SEMINOLE FLYING CLUB, INC.**Current Principal Place of Business:**414 TWISTING PINE CIR
LONGWOOD, FL 327792634 US**New Principal Place of Business:****Current Mailing Address:**SOUTH SEMINOLE FLYING CLUB INC
PO BOX 917750
LONGWOOD, FL 327917750 US**New Mailing Address:****FEI Number:** 59-3326789 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**HOFFBERG, ALAN M
414 TWISTING PINE CIR
LONGWOOD, FL 327792634 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: CLIMER, CLYDE H
Address: 21 STONEGATE NORTH
City-St-Zip: LONGWOOD, FL 32779 US**Title:** TD () Delete
Name: HOFFBERG, ALAN M
Address: 414 TWISTIN PINE CIR
City-St-Zip: LONGWOOD, FL 327792634 US**Title:** SD () Delete
Name: COLE, ROB
Address: 722 ADIDAS ROAD
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** D () Delete
Name: WALLACE, THOMAS J
Address: 220 FALLEN PALM DR
City-St-Zip: CASSELBERRY, FL 327075150**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: CLIMER, CLYDE H
Address: 21 STONEGATE NORTH
City-St-Zip: LONGWOOD, FL 32779 US**Title:** T/D (X) Change () Addition
Name: HOFFBERG, ALAN M
Address: 414 TWISTIN PINE CIR
City-St-Zip: LONGWOOD, FL 327792634 US**Title:** S/D (X) Change () Addition
Name: COLE, ROB
Address: 722 ADIDAS ROAD
City-St-Zip: WINTER SPRINGS, FL 32708**Title:** D (X) Change () Addition
Name: WALLACE, THOMAS J
Address: 220 FALLEN PALM DR
City-St-Zip: EUSTIS, FL 327369728**Title:** V/D () Change (X) Addition
Name: GUNTER, DAN
Address: 921 CUTLER DR.
City-St-Zip: LONGWOOD, FL 32779**Title:** D () Change (X) Addition
Name: BEST, TED
Address: 2425 PINEWAY
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN M HOFFBERG

T/D

01/06/2004

Electronic Signature of Signing Officer or Director

Date