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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N27143 (9)

1. Corporation Name

ORANGE COUNTY AIRBOAT ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1980 ALADDIN CT.
ST. CLOUD FL 34771

1980 ALADDIN CT.
ST. CLOUD FL 34771-9749

3. Date Incorporated or Qualified
06/27/1988

3a. Date of Last Report
05/08/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2869922

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, HERMAN A
526 N. OAK AVENUE
FT. MEADE FL 33841

81 Name JOHNNY WAYNE BEAL
82 Street Address (P.O. Box Number is Not Acceptable)
200 N. CORTAZ AVE.
83 WINTER SPRGS.
84 City FL 85 Zip Code 32708

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, in 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

JOHNNY WAYNE BEAL P 4-5-97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

11 TITLE PD ☒ Change ☒ Addition

NAME FISHER, HERMAN A
STREET ADDRESS 526 N. OAK AVENUE
CITY-ST-ZIP FT. MEADE FL 33841

12 NAME WAYNE Beal
13 STREET ADDRESS 200 N. Cortez Ave.
14 CITY-ST-ZIP Winter Springs FL 32708

TITLE VCD ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME WARD, BRUCE A
STREET ADDRESS 1980 ALADDIN CT.
CITY-ST-ZIP ST. CLOUD FL 34771

22 NAME
23 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

31 TITLE D ☒ Change ☐ Addition

NAME POTTS, BOBBY
STREET ADDRESS 1054 AMANDA LANE
CITY-ST-ZIP COCOA FL 32922

32 NAME Potts Bobby
33 STREET ADDRESS 5035 Fishtail Palm Ave
3.4 CITY-ST-ZIP COCOA, FL 32729

TITLE D ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME PIERCE, DON
STREET ADDRESS 19100 C.R. 33
CITY-ST-ZIP GROVELAND FL 34736

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☒ DELETE

51 TITLE D BOARD of Director ☐ Change ☒ Addition

NAME MCQUAY, JOYCE
STREET ADDRESS 1505 WILSON AVENUE
CITY-ST-ZIP ORLANDO FL 32804

52 NAME Bill Johns
53 STREET ADDRESS 405 S. Camellia Ave
5.4 CITY-ST-ZIP Crystal River, FL 34429

TITLE D ☒ DELETE

61 TITLE ☐ Change ☒ Addition

NAME STOKES, SHIRLEY
STREET ADDRESS 10125 E. CLOVER NOCK LN.
CITY-ST-ZIP INVERNESS FL 34450

6.2 NAME Chuck Watson
6.3 STREET ADDRESS 5595 BARNA AVE.
6.4 CITY-ST-ZIP Titusville, FL 32780

14. I do 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.

CR2E037 (9/96)