

FILE NOW: FILING FEE IS \$61.25

1-2

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N27799 (8)

1. Corporation Name

ORLANDO HANGARS ASSOCIATION, INC.



400001864244  
-06/17/96--01067--024  
\*\*\*61.25

Principal Place of Business

Mailing Address

327 NORTH ORANGE AVENUE  
ORLANDO FL 32801

327 NORTH ORANGE AVENUE  
ORLANDO FL 32801

2. Principal Place of Business

2a. Mailing Address

21 6822 Mediterranean Rd.

26 6822 Mediterranean Rd.

4. FEI Number

59-2720611

Applied For  
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

Orlando, FL 32822

28 City & State

Orlando, FL 32822

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

32822

25 Country

USA

29 Zip

32822

30 Country

USA

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

~~NEWMAN, CHARLES E.~~  
~~327 NORTH ORANGE AVENUE~~  
~~ORLANDO FL 32801~~

81 Name

R. PATRICK PHILLIPS

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

200 North Thornton Avenue

83

84 City

Orlando

85

Zip Code

32801

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 office address

(NOTE: Registered Agent signature required when re-stating)

DATE

*[Signature]*

4-22-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME GERARD, JOE  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

11 TITLE PD ☒ Change ☐ Addition

12 NAME GERARD, JOE  
13 STREET ADDRESS 6822 Mediterranean Road  
14 CITY-ST-ZIP Orlando, Florida 32822

TITLE SD ☒ DELETE

NAME DOWNS, BRAD  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

21 TITLE SD ☒ Change ☐ Addition

22 NAME DAUHN, BOB  
23 STREET ADDRESS 825 N. Primrose Drive, No. 103A  
24 CITY-ST-ZIP Orlando, Florida 32803

TITLE TD ☒ DELETE

NAME NEWMAN, CHARLES E.  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

31 TITLE TD ☒ Change ☐ Addition

32 NAME REILLY, TOM  
33 STREET ADDRESS 231 N. Hoagland Boulevard  
34 CITY-ST-ZIP Kissimmee, Florida 34741

TITLE VD ☐ DELETE

NAME ENFINGER, BILLY  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

41 TITLE VD ☒ Change ☐ Addition

42 NAME ENFINGER, BILLY  
43 STREET ADDRESS 2924 Cullen Lakeshore Drive  
44 CITY-ST-ZIP Orlando, Florida 32812

TITLE D ☒ DELETE

NAME CAMPBELL, BILL  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

51 TITLE D ☒ Change ☐ Addition

52 NAME SPEICKER, TERRY  
53 STREET ADDRESS P.O. Box 1633 2262 King James Court.  
54 CITY-ST-ZIP Winter Park, Florida 32792

TITLE D ☒ DELETE

NAME KOCHAN, KATHRYN  
STREET ADDRESS 327 NORTH ORANGE AVENUE  
CITY-ST-ZIP ORLANDO FL

61 TITLE D ☒ Change ☐ Addition

62 NAME MURPHY, MAURICE  
63 STREET ADDRESS 100 Candace Drive, Unit 108  
64 CITY-ST-ZIP Maitland, Florida 32751

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/96 (407) 273-0581

Date

Daytime Phone

CR2E037 (12/95)

N27799

2-2

Additional Directors:

D  
LARSON, DAVID  
500 Irene Street  
Orlando, Florida 32805

D  
JAEB, JERRY  
4813 Sloewood Drive  
Mt. Dora, Florida 32757

D  
ARIKO, JOHN  
20 N. Orange Avenue  
Orlando, Florida 32807

D  
FLETCHER, JIM  
2116 4th Street  
Orlando, Florida 32824