SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $500)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:08

DOCUMENT # **N30384** **(4)**

1. Corporation Name

GOOD NEIGHBOR COUNCIL FOR AIRCRAFT NOISE CONTROL , INC.

Principal Place of Business	Mailing Address
C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401	C/O JOHN B. MCCRACKEN 505 SOUTH FLAGLER DR., SUITE 1100 WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/27/1989
3a. Date of Last Report: 08/02/1994
4. FEI Number: 65-0097310 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33401-3475 Country 25	Zip 29: 33401-3475 Country 30

9. Name and Address of Current Registered Agent

MCCRACKEN, JOHN B.
505 SOUTH FLAGLER DRIVE, SUITE 1100
P.O. BOX 3475
WEST PALM BEACH FL 33401-3475

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
(Signature, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ANN K. MAUS	12 NAME	
STREET ADDRESS	200 ARGYLE ROAD	13 STREET ADDRESS	
CITY, ST, ZIP	WEST PALM BEACH FL 33405	14 CITY, ST, ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	ALFRED MARULLI	22 NAME	
STREET ADDRESS	167 CLARENDON AVENUE	23 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL 33480	24 CITY, ST, ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	ALEXANDER F. GIACCO, JR.	32 NAME	
STREET ADDRESS	143 CLARENDON AVENUE	33 STREET ADDRESS	
CITY, ST, ZIP	PALM BEACH FL 33480	34 CITY, ST, ZIP	
TITLE	ST	41 TITLE	☐ Change ☐ Addition
NAME	JOHN B. MCCRACKEN	42 NAME	
STREET ADDRESS	505 S.FLAGLER DR.#1100	43 STREET ADDRESS	
CITY, ST, ZIP	W. PALM BEACH FL 33401-3475	44 CITY, ST, ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

CR2E037 (3/95)

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)(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.

SIGNATURE: _____ Treas. 6/22/95 407-659-3000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0010617