

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N37067** (8)

1. Corporation Name

**LUCERNE PARK FLYERS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>214 COLLEGE GROVE CIR NE<br/>WINTER HAVEN FL 33881<br/>US</b> | Mailing Address<br><b>214 COLLEGE GROVE CIR NE<br/>WINTER HAVEN FL 33881<br/>US</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26 P.O. Box 1225</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b>               |
| City & State<br><b>23</b>                   | City & State<br><b>26 LAKE ALFRED FL</b>       |
| Zip<br><b>24</b>                            | Zip<br><b>29 33850</b>                         |
| Country<br><b>25</b>                        | Country<br><b>30 POLK</b>                      |

3. Date Incorporated or Qualified  
**03/14/1990**

4. FEI Number  
**59-3000541**

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. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year tangible Personal Property Tax due June 30. ☐ Yes ☒ No

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>MACCALLA, GORDON D.<br/>214 COLLEGE GROVE CIRCLE NE<br/>WINTER HAVEN FL 33881</b> |  |
|---|--|

|   |           |
|---|-----------|
| 10. Name and Address of New Registered Agent          |           |
| 81 Name   |           |
| 82 Street Address (P.O. Box Number is Not Acceptable) |           |
| 83  |           |
| 84 City   | <b>FL</b> |
| 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 2 |                                 |
|----------------------------|------------------------------------|--|---------------------------------|
| TITLE                      | <b>TD</b>                          | 1.1 TITLE  | <b>P</b>                        |
| NAME                       | <b>BLOVIN, DOUG</b>                | 1.2 NAME   | <b>JOE DOELL</b>                |
| STREET ADDRESS             | <b>5051 VARTY RD.</b>              | 1.3 STREET ADDRESS                                   | <b>25 SEMINOLE CT</b>           |
| CITY-ST-ZIP                | <b>WINTER HAVEN FL 33884</b>       | 1.4 CITY-ST-ZIP                                      | <b>WINTER HAVEN FL 33881</b>    |
| TITLE                      | <b>SD</b>                          | 2.1 TITLE  | <b>VP</b>                       |
| NAME                       | <b>CALVIN, LARRY</b>               | 2.2 NAME   | <b>KIRBY JONES</b>              |
| STREET ADDRESS             | <b>1825 NOTTINGHAM SW</b>          | 2.3 STREET ADDRESS                                   | <b>29 SILVERCREST DR</b>        |
| CITY-ST-ZIP                | <b>WINTER HAVEN FL</b>             | 2.4 CITY-ST-ZIP                                      | <b>HAINES CITY, FL 33844</b>    |
| TITLE                      | <b>VPD</b>                         | 3.1 TITLE  | <b>D</b>                        |
| NAME                       | <b>MYERS, WAYNE</b>                | 3.2 NAME   | <b>RICHARD BEGIN</b>            |
| STREET ADDRESS             | <b>1305 AVENUE S. NW</b>           | 3.3 STREET ADDRESS                                   | <b>445 AVE E SE</b>             |
| CITY-ST-ZIP                | <b>WINTER HAVEN FL</b>             | 3.4 CITY-ST-ZIP                                      | <b>WINTER HAVEN, FL 33880</b>   |
| TITLE                      | <b>D</b>                           | 4.1 TITLE  | <b>D</b>                        |
| NAME                       | <b>WAY, VANCE</b>                  | 4.2 NAME   | <b>DAVID BOWERMAN</b>           |
| STREET ADDRESS             | <b>1301 POLK CITY ROAD LOT</b>     | 4.3 STREET ADDRESS                                   | <b>2507 MARTHA WAY NW</b>       |
| CITY-ST-ZIP                | <b>HAINES CITY FL</b>              | 4.4 CITY-ST-ZIP                                      | <b>WINTER HAVEN FL 33881</b>    |
| TITLE                      | <b>PD</b>                          | 5.1 TITLE  | <b>D</b>                        |
| NAME                       | <b>MACCALLA, GORDAN</b>            | 5.2 NAME   | <b>RON PETROCCO</b>             |
| STREET ADDRESS             | <b>214 COLLEGE GROVE CIRCLE NE</b> | 5.3 STREET ADDRESS                                   | <b>85 WINTER RIDGE RD</b>       |
| CITY-ST-ZIP                | <b>WINTER HAVEN FL</b>             | 5.4 CITY-ST-ZIP                                      | <b>WINTER HAVEN FL 33880</b>    |
| TITLE                      | <b>D</b>                           | 6.1 TITLE  | <b>D</b>                        |
| NAME                       | <b>BRIDGES, RUBIN</b>              | 6.2 NAME   | <b>GORDAN MACCALLA</b>          |
| STREET ADDRESS             | <b>1178 YARNELL AVENUE</b>         | 6.3 STREET ADDRESS                                   | <b>314 COLLEGE GROVE CIR NE</b> |
| CITY-ST-ZIP                | <b>LAKE WALES FL</b>               | 6.4 CITY-ST-ZIP                                      | <b>WINTER HAVEN FL 33881</b>    |

14. 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 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: \_\_\_\_\_ 4-26-98 941-324-0994

CR2E037 (10/97)