

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 8:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43609 (9)

1. Corporation Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC

Principal Place of Business

Mailing Address

**6366 NIGHTWIND CIRCLE
ORLANDO FL 32818**

**6366 NIGHTWIND CIRCLE
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/22/1991

3a. Date of Last Report

04/21/1994

4. FEI Number

59-3069979

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

☐

**\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**FREEMANN, JOHN
6366 NIGHTWIND CIRCLE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent

81 Name

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

6366 NIGHTWIND CIRCLE

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature of person or persons authorized to register agent and fee (signable)

Signature of Registered Agent (signature required when necessary)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	FREEMANN JOHN	6366 NIGHTWIND CIRCLE	ORLANDO FL
D	BISHOP, KEN	505 DEVON PL	HEATHROW FL
D	DURANT SAVILLA	505 DEVON PL	HEATHROW FL
D	WILLIAMSON, BILL	1361 ACRES DRIVE	APOPKA FL
D	BROWNING DON	606 FOXVALLEY DR	LONGWOOD FL
D	MCINTOSH, JOHN	P.O. BOX 4147	ORLANDO, FL

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP
D/P			
D/N	KRAUSER, KENT	557 LAKESHORE CIRCLE	LAKE MARY FL
D/S	BISHOP SAVILLA		
D/T			

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(b), Florida Statutes. I further certify that the information furnished 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. 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 of this report, or on an attachment with an address.

SIGNATURE:

JOHN W. FREEMANN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-95(407)880-8098
(Date) (Telephone)