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Feb 07 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43609 (9)

1. Corporation Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC



Principal Place of Business

Mailing Address

6366 NIGHTWIND CIRCLE
ORLANDO FL 328186366 NIGHTWIND CIRCLE
ORLANDO FL 32818-88333. Date Incorporated or Qualified
05/22/19913a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 557 LAKESHORE CIRCLE

26 557 LAKESHORE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 LAKE MARY, FL

28 LAKE MARY, FL

24 32746

Country

29 32746

Country

30

4. FEI Number
59-3069979Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. 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

FREEMANN, JOHN
6366 NIGHTWIND CIRCLE
ORLANDO FL 32818

81 Name

KRAUSER, KENT F.

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

557 LAKESHORE CIRCLE

83

84 City

LAKE MARY

FL

85 Zip Code

32746

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/1/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE
NAME FREEMANN JOHN
STREET ADDRESS 6366 NIGHTWIND CIRCLE
CITY-ST-ZIP ORLANDO FL1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME FREEMANN, JOHN
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE DS ☐ DELETE
NAME BISHOP, SAVILLA
STREET ADDRESS 557 LAKESHORE CIRCLE
CITY-ST-ZIP LAKE MARY FL2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME BISHOP, SAVILLA
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE DV ☐ DELETE
NAME KRAUSER, KENT
STREET ADDRESS 557 LAKESHORE CIRCLE
CITY-ST-ZIP LAKE MARY FL3.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME KRAUSER, KENT
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE DT ☐ DELETE
NAME WILLIAMSON, BILL
STREET ADDRESS 1361 ACRES DRIVE
CITY-ST-ZIP APOPKA FL4.1 TITLE DV ☐ Change ☒ Addition
4.2 NAME REEDY, TOM
4.3 STREET ADDRESS 801 BINION ROAD
4.4 CITY-ST-ZIP APOPKA, FL 32703TITLE D ☒ DELETE
NAME BROWNING DON
STREET ADDRESS 606 FOXVALLEY DR
CITY-ST-ZIP LONGWOOD FL5.1 TITLE DS ☐ Change ☒ Addition
5.2 NAME LICKTEIG, KEITH
5.3 STREET ADDRESS 1276 WEST LANGLEY CT
5.4 CITY-ST-ZIP HEATHROW, FL 32746TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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.

SIGNATURE: KENT F. KRAUSER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/97

Date

(407) 324-9590

Daytime Phone # 0017443

CR2E037 (9/96)