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Jan 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA 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
557 LAKESHORE CIR LAKE MARY FL 32746 US	557 LAKESHORE CIR LAKE MARY FL 32746 US

3. Date Incorporated or Qualified: 05/22/1991

4. FEI Number: 59-3069979 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

KRUSER, KENT F
557 LAKESHORE CIR
LAKE MARY FL 32746

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, typed or printed 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	D	☐ DELETE	1.1 TITLE		☐ Change ☒ Addition
NAME	FREEMANN, JOHN		1.2 NAME		
STREET ADDRESS	6366 NIGHTWIND CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	32818	
TITLE	D	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	BISHOP, SAVILLA		2.2 NAME	BISHOP, SAVILLA	
STREET ADDRESS	557 LAKESHORE CIRCLE		2.3 STREET ADDRESS	505 DEVON PL	
CITY-ST-ZIP	LAKE MARY FL		2.4 CITY-ST-ZIP	HEATHROW, FL. 32746	
TITLE	DP	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	KRAUSER, KENT		3.2 NAME		
STREET ADDRESS	557 LAKESHORE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		3.4 CITY-ST-ZIP	32746	
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☒ Addition
NAME	REEDY, TOM		4.2 NAME		
STREET ADDRESS	801 BINION RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL		4.4 CITY-ST-ZIP	32703	
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	LICKTEIG, KEITH		5.2 NAME		
STREET ADDRESS	1276 W LANGLEY CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	HEATHROW FL		5.4 CITY-ST-ZIP	32746	
TITLE	~~DS~~	☐ DELETE	6.1 TITLE	DT	☐ Change ☒ Addition
NAME	~~LICKTEIG~~		6.2 NAME	WILLIAMSON, BILL	
STREET ADDRESS			6.3 STREET ADDRESS	1361 ACRES DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	APOPKA, FL. 32703	

CR2E037 (10/97)

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: [illegible] SIGNATURE REQUIRED KENT F KRAUSER 1/4/98 407/323-5802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #