

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90149 026 ****61.25

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DOCUMENT # N43609

1. Corporation Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 1361 ACRES DRIVE

Suite, Apt. #, etc.

22

23 APOPKA, FLORIDA

24 32703 25 USA

2a. Mailing Address

26 1361 ACRES DRIVE

Suite, Apt. #, etc.

27

28 APOPKA, FLORIDA

29 32703 30 USA

3. Date Incorporated or Qualified

05/22/1991

4. FEI Number

59-3069979

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

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 BILL WILLIAMSON

**82 Street Address (P.O. Box Number is Not Acceptable)
1361 ACRES DRIVE**

83 APOPKA, FLORIDA

84 City APOPKA, FL 85 Zip Code 32703

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-13-99

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME FREEMANN, JOHN
STREET ADDRESS 6366 NIGHTWIND CIRCLE
CITY-ST-ZIP ORLANDO FL 32818

TITLE D ☒ DELETE
NAME BISHOP, SAVILLA
STREET ADDRESS 505 DEVON PL
CITY-ST-ZIP HEATHROW FL 32746

TITLE DP ☒ DELETE
NAME KRAUSER, KENT
STREET ADDRESS 557 LAKESHORE CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746

TITLE DV ☒ DELETE
NAME REEDY, TOM
STREET ADDRESS 801 BINION RD
CITY-ST-ZIP APOPKA FL 32703

TITLE DS ☐ DELETE
NAME LICKTEIG, KEITH
STREET ADDRESS 1276 W LANGLEY CT
CITY-ST-ZIP HEATHROW FL 32746

TITLE DT ☐ DELETE
NAME WILLIAMSON, BILL
STREET ADDRESS 1361 ACRES DR
CITY-ST-ZIP APOPKA FL 32703

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☐ Change ☒ Addition
1.2 NAME WILLIAMSON, BILL WILLIAM H.
1.3 STREET ADDRESS 1361 ACRES DRIVE
1.4 CITY-ST-ZIP APOPKA, FL. 32703

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME LICKTEIG, KEITH
2.3 STREET ADDRESS 1276 W. LANGLEY COURT
2.4 CITY-ST-ZIP HEATHROW, FL. 32746

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-99

Date

407-889-3291
Daytime Phone #

CR2E037 (11/98)