

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

APPROVED
AND
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95 APR 26 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N45239

(3)

1. Corporation Name

MIAMI GLIDER CLUB, INC.

Principal Place of Business

Mailing Address

~~999 PONCE DE LEON BLVD.~~
~~SUITE 1000~~
~~CORAL GABLES FL 33134~~

~~999 PONCE DE LEON BLVD.~~
~~SUITE 1000~~
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/20/1991

3a. Date of Last Report
04/28/1994

4. FEI Number
65-0292677

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. 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

2. Principal Place of Business

21 367 Alhambra

Suite, Apt. #, etc.

22

City & State

23 Coral Gables FL

Zip

24 33134

Country

25 US

2a. Mailing Address

25 367 Alhambra

Suite, Apt. #, etc.

27

City & State

28 Coral Gables FL

Zip

29 33134

Country

30 US

9. Name and Address of Current Registered Agent

RUSSELL, DAVID A.
999 PONCE DE LEON BLVD.
SUITE 1000
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name Russell, David A.

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

83

84 City Coral Gables

FL

85 Zip Code 33134

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 (Typed or printed name of registered agent and the applicable

NOTE: Registered Agent signature required when reinstating

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MOSK, YALE
STREET ADDRESS	10875 S.W. 69TH CT
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	LEE, PERRY
STREET ADDRESS	100 N.W. 60TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	RUSSELL, DAVID A.
STREET ADDRESS	15201 S.W. 216TH ST
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	ROUSE, BOURBON
STREET ADDRESS	8120 S.W. 99 AVENUE
CITY, ST, ZIP	MIAMI FL 33173
TITLE	D
NAME	ALBURY, ROBERT
STREET ADDRESS	6101 S.W. 79TH STREET
CITY, ST, ZIP	MIAMI FL
TITLE	D
NAME	BINGHAM, SCOTT
STREET ADDRESS	13276 SW 99 TERR
CITY, ST, ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY, ST, ZIP	Change	Addition
	Fink, Charles	4391 NW 113 ST	SUNSHINE FL 33320	☐	☐
21 TITLE	22 NAME	23 STREET ADDRESS	24 CITY, ST, ZIP	Change	Addition
	Fox, Jon	8920 RENTILLO	MIAMI 33146	☐	☐
31 TITLE	32 NAME	33 STREET ADDRESS	34 CITY, ST, ZIP	Change	Addition
				☐	☐
41 TITLE	42 NAME	43 STREET ADDRESS	44 CITY, ST, ZIP	Change	Addition
				☐	☐
51 TITLE	52 NAME	53 STREET ADDRESS	54 CITY, ST, ZIP	Change	Addition
				☐	☐
61 TITLE	62 NAME	63 STREET ADDRESS	64 CITY, ST, ZIP	Change	Addition
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of this statement, or on an attachment with an address.

SIGNATURE:

Typed or printed name of signing officer or director

Date

Signature (Typed or printed name)