

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005636 (6)

1. Corporation Name

FLORIDA ASSOCIATION OF FLIGHT INSTRUCTORS, INC.

Principal Place of Business

Mailing Address

**2700 FLIGHTLINE AVENUE
SANFORD FL 32773**

**2700 FLIGHTLINE AVENUE
SANFORD FL 32773**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

10/07/1994

4. FEI Number

59-3227964

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 § 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOLVES, ERIC L
2110 E. ROBINSON STREET
ORLANDO FL 32803**

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 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 title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MOORE, STEVE
1713 WEST ACRE DR.
ST. CLOUD FL 34769**

11 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MOORE, STEVE
320 BUTTERWOOD DRIVE
LAKE MARY, FL 32746**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SOUDERS, ROBERT
1520 ROBERT STREET
LONGWOOD FL 32750**

21 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ENLOW, LARRY
1406 SOVEREIGN CT.
ORLANDO FL 32804**

31 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE
NAME
STREET ADDRESS
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 110.07(3)(b), 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: Larry Enlow **LARRY ENLOW**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-95 (407) 894-8940

Date

Telephone #