

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified 11/29/1993
3a. Date of Last Report 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

8. 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

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

81 Name

LARRY ENLOW

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

2700 FLIGHTLINE AVENUE

83

84 City

SANFORD

FL

85 Zip Code

32773

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

Larry Enlow

LARRY ENLOW

4-26-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME MOORE, STEVE
STREET ADDRESS 320 BUTTONWOOD DRIVE
CITY-ST-ZIP LAKE MARY FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME TOMMY SAVAGE
1.3 STREET ADDRESS 1061 WILMINGTON DR.
1.4 CITY-ST-ZIP DELTONA, FL 32725

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 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 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 if changed, or on an attachment with an address.

SIGNATURE:

Larry Enlow

LARRY ENLOW

4-26-96

(407) 330-7020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)