

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002256

FILED
May 01, 2008
Secretary of State

Entity Name: THE SEVEN FIVE WHISKEY FLYING CLUB, INC.

Current Principal Place of Business:

917 SE 13TH AVE
CAPE CORAL, FL 33990

New Principal Place of Business:

Current Mailing Address:

917 SE 13TH AVE
CAPE CORAL, FL 33990

New Mailing Address:

FEI Number: 65-0494759 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MANKE, BRIAN J
1718 SE 28TH ST
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CONLYN, ANDREW
Address: 4550 TILTON CT.
City-St-Zip: FORT MYERS, FL 33907

Title: D () Delete
Name: DIBBLE, RAYMOND F
Address: 6360 RIVER CLUB CT..
City-St-Zip: N. FT. MYERS, FL 33917

Title: D () Delete
Name: MANKE, BRIAN J
Address: 1718 SE 28TH ST
City-St-Zip: CAPE CORAL, FL 33904

Title: D () Delete
Name: MAY, MICHAEL
Address: 917 SE 13TH AVE
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN MANKE

D

05/01/2008

Electronic Signature of Signing Officer or Director

Date