

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000002256

**FILED**  
**Apr 18, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1239 WALDEN DR.  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

1239 WALDEN DR.  
FORT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 65-0494759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CONLYN, ANDREW C  
1239 WALDEN DR.  
FORT MYERS, FL 33901 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  
**Name:** CONLYN, ANDREW  
**Address:** 4550 TILTON CT.  
**City-St-Zip:** FORT MYERS, FL 33907

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** ANDREW CONLYN

PD

04/18/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date