

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # N94000005681 (1)

1. Corporation Name

FLORIDA PRIVATE AIRPORTS ASSOCIATION, INC.

Principal Place of Business

625 LAKESHORE BLVD.
KISSIMMEE FL 34744

Mailing Address

625 LAKESHORE BLVD.
KISSIMMEE FL 34744

3. Date Incorporated or Qualified
11/14/1994

3a. Date of Last Report
01/02/1996

4. FEI Number
59-3288249

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

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, R P
200 N. THORNTON AVE.
ORLANDO FL 32801-2164

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 617.0502 and 617.1506, 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

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 BELL, CHARLES
STREET ADDRESS 5971 SE 158TH CT.
CITY-ST-ZIP OKLAHAWA FL 32179

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOOLSBY, JIM
STREET ADDRESS STAR RT. 1, BOX 153 C
CITY-ST-ZIP CRESCENT CITY FL 32112

2.1 TITLE ☐ Change ☐ Addition

TITLE DP ☐ DELETE

NAME SESSIONS, RAY
STREET ADDRESS 625 LAKESHORE BLVD.
CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE ☐ Change ☐ Addition

TITLE DST ☐ DELETE

NAME DREWNIAKY, FRANK
STREET ADDRESS 971 SAN PEDRO AVE.
CITY-ST-ZIP CORAL GABLES FL 33156

4.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HIGHLEY, BOB
STREET ADDRESS P.O. BOX 6750 N/A
CITY-ST-ZIP LAKELAND FL 33807

5.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME TAYLOR, SANDRA
STREET ADDRESS 1 C AIRWAY
CITY-ST-ZIP PANAMA CITY FL 32404

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Raymond R. Sessions

Date

4-28-97

Daytime Phone #

407 2995000 X 1574