NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9500000815

CAP FLYERS AERO CLUB INC.

FILED Feb 23, 1999 8:00 am § Secretary of State

02-23-1999 90060 010 ****61.25



Discipled Disco of Puninger Mailing Address					101952 90	0060 10 -	
Principal Place of Business Mailing Address							
4200 SE 44TH		4200 SE 44TH STREET					
OCALA FL 34480		OCALA FL 34480					
US	US) intilisti ain saint batti naitt		(1 E pt = 111 / 120 t	
		100 100			Date Incorporated or Qualifed		
⊢ ¬	ace of Business	2a. Mailing Address			02/17/1995		
21		26					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	 	pplied For
22		27			59-3112558		ot Applicable
City & State	е	City & State			5. Certifcate of Status Desired	11 7 7	Additional
23		28					equired
Zip	Country	Zip	_ Countr	У	6. Election Campaign Financing	T	May Be
24	25	29 3	0		Trust Fund Contribution	Added	to Fees
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
			8	1 Name	TOWATER KON	ald	
CADM DOMALD I			8:	Street	Address (P.O. Box Number is Not Accepta	ble)	
GARN, DONALD L			"	- Sueer	Address (P.O. Box Number is Not Acceptal	STREET	
1011 S.W. 23RD PLACE			8:				
OCALA FL 34474			L				
			84	4 City	OCALA	FL 85 Zip	Code 4486
44 5		2 and 647 4509 Elasida Statutas	the above	vo-named	comporation submits this statement for the		
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 SIGNATURE SIGNATURE SIGNATURE Official for border page of project page of							
SIGNATURE	Tomale Towater	Konald			/~	S JANUARY	1979
	Signature, typed or printed name of registered age		egistered Ag	ent signatura r	equired when reinstating) ADDITIONS/CHANGES TO OFF		
12.		ID DIRECTORS	₽		ADDITIONS/CHANGES TO OTT	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE			□ cuango	
NAME	TOWATER, RONALD	•	1.2 NAME				
STREET ADDRESS	4200 SE 44TH STREET		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	OCALA FL 34480		1.4 CITY-	ST-ZIP			
TITLE	TD	🔀 DELETE	2.1 TITLE			Change	☐ Addition
NAME	GARN, DONALD L		2.2 NAME	:	,		
STREET ADDRESS	1011 SW 23TD PALCE		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	OCALA FL		2. 4 CITY	-ST-ZIP			- -
TITLE	VD	DELETÉ	3.1 TITLE		1 2 2 11	☐ Change	☐ Addition
NAME	DEAMER-BOYKIN, CHERYL		3.2 NAME				
1 1	9431 SE 70TH TERRACE		8	ET ADDRESS			ŀ
STREET ADDRESS			3.4. CITY				ļ
C(TY-ST-ZIP	OCALA FL 34472	□ DELETE	4.1 TITLE		5 >	Change	Addition
TITLE	SD	C) becele			Approvion it Roal		_
NAME	ARROWSMITH, RON		4. 2 NAM	E	ARROWSMITH, RON 91935W 91 CIRCLE WE	sT.	
STREET ADDRESS	9840 SW 89TH TERR				717534 71 6120000	21-92011	1
CITY-ST-ZIP	OCALA FL		4.4 CITY-		OCALA, FL 3448	/ / / / /	(X) Addition
TITLE		☐ DELETE	5.1 TITLE		TD C Park	Change	Nonmou
NAME			5.2 NAM E		BLYSTONE, PAUL 4451 NW 130 AVENU) <u>=</u>	
STREET ADDRESS			. 5.3 STRE	ET ADDRESS	4451 NW 15077EM	- C	
CITY-ST-ZIP			5.4 CITY-		OCALA, FL 344	84	
TMF		☐ DELETE	6.1 TITLE		VD '	Change	Addition :

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE NAME STREET ADDRESS

CITY-ST-ZIP