


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 09, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # N95000000815</b>		
1. Entity Name CAP FLYERS AERO CLUB INC.		
Principal Place of Business 4451 NW 130TH AVE OCALA, FL 34482 US	Mailing Address 4451 NW 130TH AVE OCALA, FL 34482 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BLYSTONE, PAULA 4451 NW 130TH AVE OCALA, FL 34482		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TUMAN, RICHARD E P.O. BOX 552 BELLEVUE, FL 34420	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TIFT, SCOTT A 3065 SE 41ST PLACE OCALA, FL 34480	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARROWSMITH, RONALD G 9193 SW 91 CIRCLE WEST OCALA, FL 344819397	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BLYSTONE, PAUL 4451 NW 130 AVENUE OCALA, FL 34482	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: <u>Paul A Blystone</u> <u>PAUL A BLYSTONE</u>		Date: <u>1-6-06</u> Daytime Phone #: <u>352-401-1825</u>



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number  
59-3112558

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required