

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N95000000815**

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**



01052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number **59-3112558** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BLYSTONE, PAUL A  
4451 NW 130TH AVE  
OCALA, FL 34482**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME TUMAN, RICHARD E  
STREET ADDRESS P.O. BOX 552  
CITY-ST-ZIP BELLEVIEW, FL 34420

TITLE VD  
NAME TIFT, SCOTT A  
STREET ADDRESS 3065 SE 41ST PLACE  
CITY-ST-ZIP Ocala, FL 34480

TITLE SD  
NAME ARROWSMITH, RONALD G  
STREET ADDRESS 9193 SW 91 CIRCLE WEST  
CITY-ST-ZIP Ocala, FL 344819397

TITLE TD  
NAME BLYSTONE, PAUL  
STREET ADDRESS 4451 NW 130 AVENUE  
CITY-ST-ZIP Ocala, FL 34482

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000578672  
01/09/07-80038-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:** *Paul A Blystone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1-5-07* *352-401-1825*  
Date Daytime Phone #