2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006
Secretary of State

DOCUMENT# N95000001336

Entity Name: SAN-JEAN FLYING CLUB, INC.

Current Principal Place of Business:

C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

C/O S. J. COLCOMBE
6891 COMPTON LANE S
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

COLCOMBE, S. J.
6891 COMPTON LANE S
NAPLES, FL 34104 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: D ( ) Delete
Name: GORMAN, DOUGLAS
Address: 2532 RIO PALERMO CT.
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD ( ) Delete
Name: COLCOMBE, STANLEY J
Address: 6891 COMPTON LANE S
City-St-Zip: NAPLES, FL 34104

Title: D ( ) Delete
Name: MOSHER, TED
Address: 6458 BIRCHWOOD CT.
City-St-Zip: NAPLES, FL 34109

Title: D ( ) Delete
Name: WYNN, JERRY M
Address: 484 MYRTLE RD.
City-St-Zip: NAPLES, FL 34108

Title: TS ( ) Delete
Name: MULDER, MARIANNE
Address: 6891 COMPTON LANE S.
City-St-Zip: NAPLES, FL 34104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: LEE, ROBERT
Address: 524 YELLOBIRD ST.
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STANLEY COLCOMBE PD 07/12/2006
Electronic Signature of Signing Officer or Director — Date