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May 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000005098 (6)

1. Corporation Name

JACKSON COUNTY AVIATION CLUB, INC.



Principal Place of Business

Mailing Address

2925 RUSS ST
MARIANNA FL 32447

2925 RUSS ST
MARIANNA FL 32446-2927

2. Principal Place of Business

21 P.O. Box 624

2a. Mailing Address

26 P.O. Box 624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

MARIANNA, FL

27 City & State

MARIANNA, FL

23 Zip

32447

Country

USA

28 Zip

32447

Country

USA

3. Date Incorporated or Qualified

10/04/1996

3a. Date of Last Report

4. FEI Number

59-3354491

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

9. Name and Address of Current Registered Agent

HARNS, RICHARD
2925 RUSS ST
MARIANNA FL 32447

10. Name and Address of New Registered Agent

81 Name

HARNS, RICHARD

82 Street Address (P.O. Box Number is Not Acceptable)

2344 HUMMINGBIRD DRIVE

83

84 City

MARIANNA

FL

85 Zip Code

32448

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT D DELETE

NAME JAMES REHWINKEL
STREET ADDRESS 2925 RUSS STREET
CITY-ST-ZIP MARIANNA, FL 32446

TITLE FAN SECRETARY D DELETE

NAME JAMES DODSON
STREET ADDRESS 1925 GLOSTER AVE
CITY-ST-ZIP SNEADS, FL 32460

TITLE TREASURER D DELETE

NAME RICHARD D. HARNS
STREET ADDRESS 2344 HUMMINGBIRD DRIVE
CITY-ST-ZIP MARIANNA, FL 32448

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *[Signature]* REQUIRED

4/22/97

904-526-3406

CR2E037 (9/96)