

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 14 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 # **N96000005106 (7)**

1. Corporation Name

**OSCEOLA AVIATORS FLYING CLUB, INC.**



Principal Place of Business

**607 POLYNESIAN COURT  
KISSIMMEE FL 24758**

Mailing Address

**607 POLYNESIAN COURT  
KISSIMMEE FL 34758-3239**

3. Date Incorporated or Qualified  
**10/02/1996**

3a. Date of Last Report

2. Principal Place of Business

**21** Suite, Apt #, etc.

**22** City & State

**23** Zip

Country

**24**

2a. Mailing Address

**26** Suite, Apt #, etc.

**27** City & State

**28** Zip

Country

**29**

**30**

4. FEI Number

**59-3407173**

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

**HANRAHAN, BILL  
607 POLYNESIAN COURT  
KISSIMMEE FL 24758**

10. Name and Address of New Registered Agent

**81** Name

**WILLIAM J. HANRAHAN**

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

**83**

**84** City

**FL**

**85** Zip Code

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

*William J. Hanrahan*

(NOTE: Registered Agent signature required when reinstating)

**1/4/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARAHAN, BILL</b>	
STREET ADDRESS	<b>607 POLYNESIAN COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 24758</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LOWENSTEIN, DAVID</b>	
STREET ADDRESS	<b>607 POLYNESIAN COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 24758</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEWART, GEORGE</b>	
STREET ADDRESS	<b>607 POLYNESIAN COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 24758</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SECRETARY-TREASURER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bill HANRAHAN</b>	
1.3 STREET ADDRESS	<b>607 POLYNESIAN COURT</b>	
1.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34758</b>	
2.1 TITLE	<b>MEMBERSHIP OFFICER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>DAVID LOWENSTEIN</b>	
2.3 STREET ADDRESS	<b>26 BROADWAY</b>	
2.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
3.1 TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>GEORGE STEWARD III</b>	
3.3 STREET ADDRESS	<b>1166 PINEAPPLE WAY</b>	
3.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
4.1 TITLE	<b>VICE PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>ROBERT HUBBARD</b>	
4.3 STREET ADDRESS	<b>1740 KINGS HIGHWAY</b>	
4.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34744</b>	
5.1 TITLE	<b>TRAINING OFFICER</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>JOHN SHOOK</b>	
5.3 STREET ADDRESS	<b>2517 PRAIRIE DRIVE</b>	
5.4 CITY-ST-ZIP	<b>KISSIMMEE, FL 34741</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*William J. Hanrahan*

**(WILLIAM) J. HANRAHAN**

**1/4/97**

**(407)  
648-7251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0070908**

CR2E037 (9/96)