


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 25 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000005106 (7)**

1. Corporation Name

**OSCEOLA AVIATORS FLYING CLUB, INC.**



Principal Place of Business <b>607 POLYNESIAN COURT KISSIMMEE FL 24758</b>	Mailing Address <b>607 POLYNESIAN COURT KISSIMMEE FL 24758</b>
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3. Date Incorporated or Qualified

**10/02/1996**

4. FEI Number

**59-3407173**

Applied For

Not Applicable

2. Principal Place of Business

**21 610 EAST VINE STREET**

2a. Mailing Address

**26 610 EAST VINE STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**23 KISSIMMEE FL**

City & State

**28 KISSIMMEE FL**

Zip

Country

**24 34744**

**25 USA**

Zip

**29 34744**

Country

**30 USA**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HANRAHAN, WILLIAM J.  
607 POLYNESIAN COURT  
KISSIMMEE FL 24758**

**81 Name TIMOTHY PAUL MEHRlich**

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

**610 EAST VINE STREET**

**83**

**84 City**

**KISSIMMEE**

**FL**

**85 Zip Code**

**34744**

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]*  
Signature, typed or printed name of registered agent and title if applicable.

**TIMOTHY P. MEHRlich PRESIDENT**

**5/18/98**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HANRAHAN, BILL</b>	
STREET ADDRESS	<b>607 POLYNESIAN COURT</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34758</b>	

1.1 TITLE	<b>PRESIDENT D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>TIMOTHY PAUL MEHRlich</b>	
1.3 STREET ADDRESS	<b>610 EAST VINE STREET</b>	
1.4 CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	

TITLE	<b>MD</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVID LOWENSTEIN</b>	
STREET ADDRESS	<b>26 BROADWAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEWART, GEORGE III</b>	
STREET ADDRESS	<b>1188 PINEAPPLE WAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HUSBAND, ROBERT</b>	
STREET ADDRESS	<b>1740 KINGS HIGHWAY</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	

4.1 TITLE	<b>VO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>HUSBAND, ROBERT</b>	
4.3 STREET ADDRESS	<b>1740 KINGS HIGHWAY</b>	
4.4 CITY-ST-ZIP	<b>KISSIMMEE FL 34744</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SHOOK, JOHN</b>	
STREET ADDRESS	<b>2517 PRARIE DRIVE</b>	
CITY-ST-ZIP	<b>KISSIMMEE FL 34741</b>	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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]* **TIMOTHY P. MEHRlich PRESIDENT** **5/18/98** **407 4331**

CR2E037 (10/97)