

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # **N97000001776 (0)**

1. Corporation Name

SARASOTA FLYING CLUB, INC.



Principal Place of Business 747 NORTH WASHINGTON BOULEVARD SARASOTA FL 34236	Mailing Address 747 NORTH WASHINGTON BOULEVARD SARASOTA FL 34236
--	--

3. Date Incorporated or Qualified

03/31/1997

4. FEI Number

65-0738002

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **1224 CLYDE JONES RD**

26 **POST OFFICE BOX 584**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **SARASOTA FLORIDA**

28 **TALLEHAST FLORIDA**

Zip

Country

Zip

Country

24 **34243**

25 **USA**

29 **34270**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRUWELL, MARK A ESQ
747 NORTH WASHINGTON BOULEVARD
SARASOTA FL 34236**

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/D ROBERT DOLBY
1.3 STREET ADDRESS	1224 CLYDE JONES ROAD
1.4 CITY - ST - ZIP	SARASOTA FL 34243

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

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/D TAUBMAN, JULIUS
2.3 STREET ADDRESS	1224 CLYDE JONES ROAD
2.4 CITY - ST - ZIP	SARASOTA FL 34243

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

3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T/D BUHNER, JOHN
3.3 STREET ADDRESS	515 130TH COURT NE
3.4 CITY - ST - ZIP	BRADENTON FL 34202

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

4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S/ MENTZ, PHILIP
4.3 STREET ADDRESS	8683 WOODBURN DRIVE
4.4 CITY - ST - ZIP	SARASOTA FL 34238

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

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]

[Signature] 941-357-1151

CR2E037 (10/97)