

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 14, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N97000002692**

1. Entity Name  
**SUN STATE WING AND ROTOR CLUB, INC. E.A.A.  
CHAPTER 1192**



Principal Place of Business

**21971 N RIVER DR  
ALVA, FL 33920**

Mailing Address

**21971 N RIVER DR  
ALVA, FL 33920**

**DO NOT WRITE IN THIS SPACE**



02012005 No Chg-NP

CR2E037 (10/03)

4. FEI Number  
**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**OXNAM, RICHARD L  
21971 N. RIVER RD  
ALVA, FL 33920**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	OXNAM, RICHARD L
STREET ADDRESS	21971 N RIVER DR
CITY-STATE-ZIP	ALVA, FL 33920
TITLE	V
NAME	SEACE, DAVE
STREET ADDRESS	19212 GRANGE HALL LOOP
CITY-STATE-ZIP	LITHIA, FL 33547
TITLE	ST
NAME	OXNAM, MARY JANE
STREET ADDRESS	21971 N RIVER DR
CITY-STATE-ZIP	ALVA, FL 33920
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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03/14/05-80108-002 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**2-9-05 229-633-0156**