

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90103 043 \*\*\*\*61.25

**DOCUMENT # N98000004906**

1. Corporation Name

**THE EAGLE FLYING CLUB OF DAYTONA BEACH, INC.**

Principal Place of Business  
600 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3900

Mailing Address  
600 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3900



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		08/24/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3530394	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		Country	
25		30			

9. Name and Address of Current Registered Agent

MACDOUGALL, THOMAS R  
600 S. CLYDE MORRIS BLVD.  
DAYTONA BEACH FL 32114-3900

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACKPOOLE, KEN	1.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRTON, TOM	2.2 NAME	Rowe, Stan
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	2.3 STREET ADDRESS	600 S. Clyde Morris Blvd
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	2.4 CITY-ST-ZIP	Daytona Beach, FL 32114-3900
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUNNINGHAM, COLLEEN	3.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULARKEY, TERRY	4.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'BRIEN, PAT	5.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SELIGA, RUSS	6.2 NAME	
STREET ADDRESS	600 S. CLYDE MORRIS BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL 32114-3900	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, with all other like empowered.

SIGNATURE: **KEN STACKPOOLE** SIGNATURE REQUIRED **2/8/99** 904-226-6123  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)