1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9800005888

Corporation Name

THE MARCO ISLAND FLYING CLUB, INC.

Principal Place of Business 28 AMETHYST AVE Mailing Address

28 AMETHYST AVE NAPLES FL 34114-822

FILED Apr 14, 1999 8:00 am § Secretary of State

04-14-1999 90138 018 ****61.25



NAPLES FL 34114-8223					(NAPLES FL 34114-8223												
2. Principal Place of Business					<u> </u>	2a. Mailing Address						3. Date Incorporated or Qualifed 10/14/1998						
	Suite, Apt.	te, Apt. #, etc.				Suite, Apt. #, etc					1	4.	FEI Number	5412	D 2	Ļ		lied For
22					27	27												Applicable
23	City & State	itate				City & State						5. Certificate of Status Desired \$8.75 Additing Fee Requires						
	Zip	Country				Zip Country						6. Election Campaign Financing \$5.00 May						
24		25				29 30							Trust Fund Cont				dded to	Fees
Name and Address of Current Registered Agent									_		1	10.	Name and Add	ress of New	Registered	Agent		
								81	۱	Name								
ı	WELCH, EDWARD J									Street /	Address	s (F	P.O. Box Number	is Not Accept	able)	-		
28 AMETHYST AVE						83												
NAPLES FL 34114-8223																		
								84	1	City					EI	85	Zip C	ode
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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 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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.														as reg	pistered			
SI	GNATURE						21075								DATE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.									nt sa	gnature R	edninea wu		ADDITIONS/CHA	NGES TO OF		ND DIF	ECTO	RS IN 12
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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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/8/99

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