

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90227 007 ***150.00

DOCUMENT # P98000079123

1. Entity Name
AIR HOLIDAY FLYING CLUB, INC.



60043144



Principal Place of Business
**1218 SHOREWOOD DRIVE
ORLANDO, FL 32806-2350 US**

Mailing Address
**1218 SHOREWOOD DRIVE
ORLANDO, FL 32806-2350 US**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

04252007 Chg-P CR2E034 (12/06)

City & State
Zip Country

4. FEI Number
59-3538088

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**PHILLIPS, R. PATRICK
200 N THORNTON AVE
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLES, ROBERT H 1734 ROSE GARDEN LANE ORLANDO, FL 32825	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBIASO, MARLENE K 1734 SENECA BLVD WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUALLS, RICKY 295 ARNOLD LN WINTER SPRINGS, FL 32708	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BERELSMAN, DAVID 238 ACADIA TERR KISSIMMEE, FL 34747	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDING, FRED 107 CELIA LANE ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STRICKLAND, JOEL 5624 LAKE BUTLER RD WINDERMERE, FL 34786	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEN GUILL 3111 LAKE MARGARET DRIVE ORLANDO, FL 32806	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOE KEMMERER 5430 CUB LAKE DRIVE APOPKA, FL 32703	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRIS MEYER 321 SEMINOLA CASSELBURY, FL 32730	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHUCK READ 1605 TEMPLE CROVE WINTER PARK, FL 32789	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S WOODY MERRILL 1218 SHOREWOOD DRIVE ORLANDO, FL 32806-2350	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: *David P. Berelsman* **25 APR 07** **407.898.3269**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

OFFICERS AND DIRECTORS

ATTACHMENT

TITLE : D

NAME : WYCKOFF, DANIEL M

STREET AD : 309 ROBIN HILL DR

CITY-ST-ZIP : ALTAMONTE SPRINGS, FL 32701

100043144
P48000079123

☒ DELETE

TITLE : D

NAME : SWALLOW, HAROLD G

STREET AD : 2999 EGLINGTON DR

CITY-ST-ZIP : ORLANDO, FL 32806-3366

☒ DELETE