

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 718606

**Entity Name:** ATLANTIC FLYING CLUB, INC.

**Current Principal Place of Business:**

1000 AIRPORT ROAD  
FERNANDINA BEACH, FL 32034

**Current Mailing Address:**

P.O. BOX 15778  
FERNANDINA BEACH, FL 32034 US

**FEI Number:** 59-1324610

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BISHOP, DAVID J  
1626 DADE STREET  
FERNANDINA BEACH, FL 32034 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BISHOP, DAVID J  
Address        1626 DADE STREET  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            S  
Name            AGEE, MARK  
Address        4446-1A HENDRICKS AVENUE SUITE  
                  304  
City-State-Zip: JACKSONVILLE FL 32207

Title            D  
Name            COLCORD, CHUCK  
Address        2139 CAPTAIN KIDD DRIVE  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            TREASURER  
Name            TAYLOR, RONALD J  
Address        86795 RIVERWOOD DRIVE  
City-State-Zip: YULEE FL 32097

Title            VP  
Name            PAIGE, ARTHUR L  
Address        1788 JACKSON COURT  
City-State-Zip: FERNANDINA BEACH FL 32034

Title            OFFICER  
Name            FRIEDMANN, SHAWN C  
Address        10105 FRASER RD  
City-State-Zip: JACKSONVILLE FL 32246

Title            OFFICER  
Name            MALENKE, JAMES J  
Address        722 AMELIA CIRCLE  
City-State-Zip: FERNANDINA BEACH FL 32034

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID J BISHOP

**PRESIDENT**

**04/24/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date