

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004906

Entity Name: EAGLE FLYING CLUB OF EMBRY-RIDDLE AERONAUTICAL UNIVERSITY, INC.**Current Principal Place of Business:**600 S. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114-3900**Current Mailing Address:**600 S. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114-3900**FEI Number: 59-3530394****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CAIRNS, PAUL
600 S. CLYDE MORRIS BLVD.
DAYTONA BEACH, FL 32114-3900 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: PAUL CAIRNS****01/31/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	CAIRNS, PAUL
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	VICEPRESIDENT/SECRETARY
Name	OWEN, ROBERT C
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	FLIGHT OPS OFFICER
Name	ANTONELLI, KIM
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	TREASURER
Name	STOWE, LAUREL
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	FLIGHT OPS OFFICER
Name	SCOTT, STEVEN
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	FLIGHT STANDARDIZATION OFFICER
Name	STEVENS, HILARY
Address	600 S. CLYDE MORRIS BLVD.
City-State-Zip:	DAYTONA BEACH FL 32114-3900

Title	FLIGHT SAFETY OFFICER
Name	CARTA, CHRISTOPHER
Address	600 S CLYDE MORRIS BLVD
City-State-Zip:	DAYTONA BEACH FL 32128

Title	AIRCRAFT MAINTENANCE OFFICER
Name	ELIAS, CARLOS "CHARLIE"
Address	600 S CLYDE MORRIS BLVD
City-State-Zip:	DAYTONA BEACH FL 32114

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: ROBERT C. OWEN**VICE PRESIDENT****01/31/2018**

Electronic Signature of Signing Officer/Director Detail

Date