

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 8:35

DOCUMENT # N43609 (9)

1. Corporation Name

EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**6366 NIGHTWIND CIRCLE
ORLANDO FL 32818**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip Country 28. Zip Country
24. 25. 29. 30.

3. Date Incorporated or Qualified **05/22/1991** 3a. Date of Last Report **04/21/1994**
4. FEI Number **59-3069979** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent
**FREEMANN, JOHN
6366 NOGHTWIND CIRCLE
ORLANDO FL 32818**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
6366 NIGHTWIND CIRCLE
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits the 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(Signature typed or printed name of registered agent and the filer shall be typed or printed. Registered Agent signature required when necessary.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEMANN JOHN	1.2 NAME	
STREET ADDRESS	6366 NIGHTWIND CIRCLE	1.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	D/N <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, KEN	2.2 NAME	KRAUSER, KENT
STREET ADDRESS	505 DEVON PL	2.3 STREET ADDRESS	557 LAKESHORE CIRCLE
CITY ST ZIP	HEATHROW FL	2.4 CITY ST ZIP	LAKE MARY FL
TITLE	D	3.1 TITLE	D/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURANT SAVILLA	3.2 NAME	BISHOP SAVILLA
STREET ADDRESS	505 DEVON PL	3.3 STREET ADDRESS	
CITY ST ZIP	HEATHROW FL	3.4 CITY ST ZIP	
TITLE	D	4.1 TITLE	D/T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, BILL	4.2 NAME	
STREET ADDRESS	1381 ACRES DRIVE	4.3 STREET ADDRESS	
CITY ST ZIP	APOPKA FL	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWNING DON	5.2 NAME	
STREET ADDRESS	606 FOXVALLEY DR	5.3 STREET ADDRESS	
CITY ST ZIP	LONGWOOD FL	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, JOHN	6.2 NAME	
STREET ADDRESS	P.O. BOX 4147	6.3 STREET ADDRESS	
CITY ST ZIP	ORLANDO, FL	6.4 CITY ST ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information furnished 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, or on an attachment with an address.

SIGNATURE: **JOHN W. FREEMANN** **3-22-95(407)880-8098**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Typed Name)