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Feb 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N43609 (9)
1. Corporation Name
EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC



Principal Place of Business Mailing Address
6366 NIGHTWIND CIRCLE ORLANDO FL 32818 6366 NIGHTWIND CIRCLE ORLANDO FL 32819-8833

3. Date Incorporated or Qualified 05/22/1991 3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 557 LAKESHORE CIRCLE 26 557 LAKESHORE CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 LAKE MARY, FL 28 LAKE MARY, FL
Zip Country 29 32746 30 32746

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

10. Name and Address of New Registered Agent
81 Name KRAUSER, KENT F.
82 Street Address (P.O. Box Number is Not Acceptable) 557 LAKESHORE CIRCLE
83
84 City LAKE MARY FL 85 Zip Code 32746

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 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 617.0503, Florida Statutes.
SIGNATURE: *Kent F. Krauser* DATE: 2/1/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	DP	<input type="checkbox"/> DELETE
NAME	FREEMANN JOHN	
STREET ADDRESS	6366 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	BISHOP, SAVILLA	
STREET ADDRESS	557 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KRAUSER, KENT	
STREET ADDRESS	557 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, BILL	
STREET ADDRESS	1381 ACRES DRIVE	
CITY-ST-ZIP	APOPKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BROWNING DON	
STREET ADDRESS	606 FOXVALLEY DR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	FREEMANN, JOHN	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BISHOP, SAVILLA	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KRAUSER, KENT	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	REEDY, TOM	
4.3 STREET ADDRESS	801 BINION ROAD	
4.4 CITY-ST-ZIP	APOPKA, FL 32703	
5.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LICKTEIG, KEITH	
5.3 STREET ADDRESS	1276 WEST LANGLEY CT	
5.4 CITY-ST-ZIP	HEATHROW, FL 32746	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *Kent F. Krauser* KENT F. KRAUSER 2/1/97 (407) 324-9590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017443

CR2E037 (9/96)