

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 21 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43609 (9)**  
 1. Corporation Name  
**EAA INTERNATIONAL AEROBATIC CLUB CHAPTER 90, INC**



Principal Place of Business 557 LAKESHORE CIR LAKE MARY FL 32746 US	Mailing Address 557 LAKESHORE CIR LAKE MARY FL 32746 US
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3. Date Incorporated or Qualified <b>05/22/1991</b>	
4. FEI Number <b>59-3069979</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**KRUSER, KENT F**  
**557 LAKESHORE CIR**  
**LAKE MARY FL 32746**

**10. Name and Address of New Registered Agent**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> DELETE
NAME	FREEMANN, JOHN	
STREET ADDRESS	6366 NIGHTWIND CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BISHOP, SAVILLA	
STREET ADDRESS	557 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	KRAUSER, KENT	
STREET ADDRESS	557 LAKESHORE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REEDY, TOM	
STREET ADDRESS	801 BINION RD	
CITY-ST-ZIP	APOPKA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	LICKTEIG, KEITH	
STREET ADDRESS	1276 W LANGLEY CT	
CITY-ST-ZIP	HEATHROW FL	
TITLE	<del>DP</del>	<input type="checkbox"/> DELETE
NAME	<del>WILLIAMSON, BILL</del>	
STREET ADDRESS	<del>1361 ACRES DRIVE</del>	
CITY-ST-ZIP	<del>APOPKA, FL.</del>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>32818</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>D BISHOP, SAVILLA</b>
2.3 STREET ADDRESS	<b>505 DEVON FL</b>
2.4 CITY-ST-ZIP	<b>HEATHROW, FL. 32746</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>32746</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>32703</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<b>32746</b>
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>DT WILLIAMSON, BILL</b>
6.3 STREET ADDRESS	<b>1361 ACRES DRIVE</b>
6.4 CITY-ST-ZIP	<b>APOPKA, FL. 32703</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 A. Krauser **KRAUSER** **1/4/98** **407/323-5802**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)