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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N43609

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



2. Principal Place of Business

21 1361 ACRES DRIVE

Suite, Apt. #, etc.

23 APOPKA, FLORIDA

24 32703 25 USA

2a. Mailing Address

26 1361 ACRES DRIVE

Suite, Apt. #, etc.

28 APOPKA, FLORIDA

29 32703 30 USA

3. Date Incorporated or Qualified

05/22/1991

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

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 BILL WILLIAMSON

82 Street Address (P.O. Box Number is Not Acceptable) 1361 ACRES DRIVE

83 APOPKA, FLORIDA

84 City APOPKA, FL 85 Zip Code 32703

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

[Handwritten Signature]

2-13-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

Table with 5 rows of officer information including titles (D, D, DP, DV, DS, DT), names, and addresses.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 4 rows of addition information including titles (DP, DV), names, and addresses.

14. I 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature] REQUIRED

2-13-99

407-889-3291

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)