

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 709281 (0)  
1. Corporation Name  
**FLORIDA AGRICULTURAL AVIATION ASSOCIATION, INC.**



Principal Place of Business: 2720 SNEED RD, P.O. BOX 802, FORT PIERCE FL 34945 US  
Mailing Address: 2720 SNEED RD, FORT PIERCE FL 34945 US

3. Date Incorporated or Qualified: 06/07/1973  
3a. Date of Last Report: 04/27/1995

21	22	23	24	25	26	27	28	29	30	4.	5.	6.	8.
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5. Certificate of Status Desired		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		3a. Date of Last Report	
21 2720 SNEED ROAD		26 2720 SNEED RD		4 59-1429837		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees		8 <input type="checkbox"/> Yes <input type="checkbox"/> No		3a 04/27/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees		8 <input type="checkbox"/> Yes <input type="checkbox"/> No		3a 04/27/1995			
23 City & State		28 City & State		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees		8 <input type="checkbox"/> Yes <input type="checkbox"/> No		3a 04/27/1995			
24 Zip		25 Country		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees		8 <input type="checkbox"/> Yes <input type="checkbox"/> No		3a 04/27/1995			
24 34945		25 ST. LUCIE		5 <input type="checkbox"/> \$8.75 Additional Fee Required		6 <input type="checkbox"/> \$5.00 May Be Added to Fees		8 <input type="checkbox"/> Yes <input type="checkbox"/> No		3a 04/27/1995			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STONE, CHARLES, JR. 2720 SNEED ROAD FT. PIERCE FL 34945				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD STONE, CHARLES JR. <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, CHARLES JR.	1.2 NAME	
STREET ADDRESS	2720 SNEED ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	P STONE, RICHARD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STONE, RICHARD	2.2 NAME	
STREET ADDRESS	1200 KINGSWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	PE GARDNER, SHANE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARDNER, SHANE	3.2 NAME	
STREET ADDRESS	5103 WILLIS RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D HERA, ABEL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERA, ABEL	4.2 NAME	
STREET ADDRESS	13226 SW 43RD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D BOSSERMAN, TERRY <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSSERMAN, TERRY	5.2 NAME	
STREET ADDRESS	RT. 5 BOX 617	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE CITY FL	5.4 CITY-ST-ZIP	
TITLE	D GODWIN, MIKE <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GODWIN, MIKE	6.2 NAME	
STREET ADDRESS	10740 STATE HIGHWAY 97	6.3 STREET ADDRESS	
CITY-ST-ZIP	WALNUT HILL FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Charles Stone 2-27-96 407/465-0714  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2E037 (12/95)