

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 #
1. Corporation Name

750520

Florida Aviation Historical Society

000001837850
-05/24/96--01017--009
***70.00

Principal Place of Business

Mailing Address

8 Edward C. Hoffman
9 East Orange Street Same
Tarpon Springs, FL 34689

3. Date Incorporated or Qualified

3a. Date of Last Report

1/07/80

1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

Applied For

59-2103284

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Edward C. Hoffman
99 East Orange Street
Tarpon Springs, FL 34689

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	Edward C. Hoffman	
STREET ADDRESS	99 East Orange Street	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	V D	<input type="checkbox"/> DELETE
NAME	Richard Koran	
STREET ADDRESS	4874 Westchester Ct.	
CITY-ST-ZIP	Oldsmar, FL 34677-6347	
TITLE	S	<input type="checkbox"/> DELETE
NAME	Jane Hoffman	
STREET ADDRESS	900 Bayshore Drive	
CITY-ST-ZIP	Tarpon Springs, FL 34689	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	Florance Hooper	
STREET ADDRESS	2960 59th Street	
CITY-ST-ZIP	Gulfport, FL 33707	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Warren Brown	
STREET ADDRESS	10912 Hamlin Blvd.	
CITY-ST-ZIP	Large, FL 34644	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Russell St. Arnold	
STREET ADDRESS	772 Chesapeake Dr.	
CITY-ST-ZIP	Tarpon Springs, FL 34689	

1.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Buston	
1.3 STREET ADDRESS	4318 13th Avenue North	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33713	
2.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	J. Paul Finley	
2.3 STREET ADDRESS	125 9th Avenue Northeast	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33701	
3.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Juan Tomas	
3.3 STREET ADDRESS	4044 102nd Place	
3.4 CITY-ST-ZIP	Clearwater, FL 34522	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jane C. Hoffman, Secretary

Jane C. Hoffman

5/10/96 (813) 937-7450

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-10-96

CR2E037 (12/95)