


2-6-97 B-1506 NC  
FILE NOW: FILING FEE IS \$61.25

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Feb 06 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750520** (9)

1. Corporation Name

**FLORIDA AVIATION HISTORICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

**C/O EDWARD C. HOFFMAN  
89 EAST ORANGE STREET  
TARPON SPRINGS FL 34689**

**C/O EDWARD C. HOFFMAN  
89 EAST ORANGE STREET  
TARPON SPRINGS FL 34689-3439**

3. Date Incorporated or Qualified  
**01/07/1980**

3a. Date of Last Report  
**05/23/1996**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

**59-2103284**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOFFMAN, EDWARD G.  
89 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**

☐ DELETE

NAME  
**HOFFMAN, EDWARD C.**

STREET ADDRESS  
**89 E. ORANGE ST.**

CITY-ST-ZIP  
**TARPON SPRINGS FL 34689**

TITLE

**S**

☐ DELETE

NAME  
**HOFFMAN, JANE**

STREET ADDRESS  
**800 BAYSHORE DRIVE**

CITY-ST-ZIP  
**TARPON SPRINGS FL 34689**

TITLE

**TD**

☐ DELETE

NAME  
**HOOPER, FLORANCE**

STREET ADDRESS  
**2980 59TH STREET**

CITY-ST-ZIP  
**GULFPORT FL 33707**

TITLE

**D**

☐ DELETE

NAME  
**BROWN, WARREN**

STREET ADDRESS  
**10912 HAMLIN BLVD.**

CITY-ST-ZIP  
**LARGO FL 34644**

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0088881

CR2E037 (9/96)