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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 750520

1. Corporation Name

FLORIDA AVIATION HISTORICAL SOCIETY, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

01/07/1980

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

9. Name and Address of Current Registered Agent

HOFFMAN, EDWARD G.  
99 EAST ORANGE STREET  
TARPON SPRINGS FL 34689

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETE

NAME HOFFMAN, EDWARD C.

STREET ADDRESS 99 E. ORANGE ST.

CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE S ☐ DELETE

NAME HOFFMAN, JANE

STREET ADDRESS 900 BAYSHORE DRIVE

CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE TD ☐ DELETE

NAME HOOPER, FLORANCE

STREET ADDRESS 2960 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 D ☐ DELETE

NAME ST ARNOLD, RUSSELL

STREET ADDRESS 772 CHESAPEAKE DR

CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE

NAME ETTINGER, MIKE

STREET ADDRESS 6294 BAHIA DELMAR CIR

CITY-ST-ZIP ST PETERSBURG FL 33715

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANE C. HOFFMAN

Date

Daytime Phone #

CR2E037 (11/98)