

DOCUMENT # 750520

1. Entity Name

FLORIDA AVIATION HISTORICAL SOCIETY, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90048 001 *****8.75

04-03-2000 90048 002 *****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2103284

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Delete
NAME HOFFMAN, EDWARD C.
STREET ADDRESS 99 E. ORANGE ST.
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME HOFFMAN, JANE
STREET ADDRESS 900 BAYSHORE DRIVE
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME HOOPER, FLORANCE
STREET ADDRESS 2960 59TH STREET
CITY-ST-ZIP GULFPORT FL 33707

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BROWN, WARREN
STREET ADDRESS 10912 HAMLIN BLVD.
CITY-ST-ZIP LARGO FL 34644

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ST ARNOLD, RUSSELL
STREET ADDRESS 772 CHESAPEAKE DR
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ETTINGER, MIKE
STREET ADDRESS 6294 BAHIA DELMAR CIR
CITY-ST-ZIP ST PETERSBURG FL 33715

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Edward C. Hoffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/00 (727) 937-7450
Date Daytime Phone #

CR2E037 (9/99)