

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED AND FILED  
1995 MAY -1 AM 10:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003296 (1)**  
1. Corporation Name  
**NORTH FLORIDA AVIATION SAFETY FOUNDATION, INC.**

Principal Place of Business Mailing Address  
2110 E ROBINSON ST ORLANDO FL 32803  
**2528 Tail Spin Tr. Daytona Beach, FL 32120**

2. Principal Place of Business 2a. Mailing Address  
21 2528 Tail Spin Tr. 26 2528 Tail Spin Trail  
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.  
23 City & State 28 City & State  
**Daytona Beach FL Daytona Beach FL**  
24 Zip 25 Country 29 Zip 30 Country  
**32124 Volusia 32124 Volusia**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **07/16/1993** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **59-3209330** 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**DAVIS, KAY  
2528 TAIL SPIN TRAIL  
DAYTONA BEACH FL 32120-1784**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Kay Davis KAY DAVIS (Principal Place of Business Change) 05-05-95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>DAVIS, KAY</b>
STREET ADDRESS	<b>P.O. BOX 11784 N/A</b>
CITY - ST - ZIP	<b>DAYTONA BEACH FL 32120</b>
TITLE	<b>D</b>
NAME	<b>GARNER, DAVID</b>
STREET ADDRESS	<b>601 COLUMBIA DR</b>
CITY - ST - ZIP	<b>TAMPA FL 33606</b>
TITLE	<b>PD</b>
NAME	<b>BOLVES, ERIC L</b>
STREET ADDRESS	<b>5700 E ROBINSON CT 2110 E. Robinson</b>
CITY - ST - ZIP	<b>ORLANDO FL 32803</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<b>600001491426</b>
14 CITY - ST - ZIP	<b>-05/17/95--01113--005</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<b>2110 E Robinson</b>
34 CITY - ST - ZIP	<b>Orlando, FL 32803</b>
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<b>de/s</b>
63 STREET ADDRESS	
64 CITY - ST - ZIP	<b>5-1-95</b>

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)(A), 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: Kay Davis KAY DAVIS  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
DATE: 05-05-95 TIME: 756-9827