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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business: 2526 TAIL SPIN TRAIL, DAYTONA BEACH FL 32124
Mailing Address: P.O. BOX 11784, DAYTONA BEACH FL 32120, US

New physical address
New mail address

3. Date Incorporated or Qualified: 07/16/1993
4. FEI Number: 59-3209330
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No None

2. Principal Place of Business: 2515 No Halifax, Daytona Beach, Fla. 32118, USA
2a. Mailing Address: P.O. Box 721377, Orlando, FL 32872-1377, Orange

9. Name and Address of Current Registered Agent: DAVIS, KAY, 2526 TAIL SPIN TRAIL, DAYTONA BEACH FL 32120-1784
10. Name and Address of New Registered Agent: KAY DAVIS, 2515 NO. HALIFAX, DAYTONA BEACH, FL 32118

Same person just New physical address

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: *Kay Davis* DATE: 1-4-98

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, KAY	<i>Change address only</i>
STREET ADDRESS	P.O. BOX 11784 N/A	
CITY - ST - ZIP	DAYTONA BEACH FL 32120	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GARNER, DAVID	
STREET ADDRESS	801 COLUMBIA DR	
CITY - ST - ZIP	TAMPA FL 33606	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOLVES, ERIC L	
STREET ADDRESS	2110 E. ROBINSON ST.	
CITY - ST - ZIP	ORLANDO FL 32803	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KAY DAVIS	<i>Director (of address)</i>
1.3 STREET ADDRESS	N/A P.O. BOX 721377	
1.4 CITY - ST - ZIP	Orlando, FLA 32872-1377	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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: *Kay Davis* DATE: 1-4-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2037 (10/97)