

FILE NOW: FILING FEE IS \$61.25 + 800 - 7090

FILED

99 MAR 18 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0076721

NONPROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # N93000003296

1. Corporation Name
 FLORIDA AVIATION SAFETY FOUNDATION, INC.

Principal Place of Business: 2515 N. HALIFAX DAYTONA BEACH FL 32118 US
 Mailing Address: P.O. BOX 721377 ORLANDO FL 32872 US



2. Principal Place of Business 21 C/O JAMES LOOMIS Suite, Apt. #, etc. SUITE A 22 2100 LEE RD. City & State 23 WINTER PARK, FL Zip 24 32789 Country 25 US	2a. Mailing Address 26 C/O JAMES LOOMIS Suite, Apt. #, etc. SUITE A 27 2100 LEE RD. City & State 28 WINTER PARK, FL Zip 29 32789 Country 30 US	3. Date Incorporated or Qualified 07/16/1993	4. FEI Number 59-3209330 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---	--	--	--

9. Name and Address of Current Registered Agent DAVIS, KAY 2515 N. HALIFAX DAYTONA BEACH FL 32118 <i>Delete</i>	10. Name and Address of New Registered Agent 81 Name JAMES M. LOOMIS 82 Street Address (P.O. Box Number is Not Acceptable) 2100 LEE ROAD 83 SUITE A 84 City WINTER PARK FL 85 Zip Code 32789
---	--

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 *James M. Loomis* JAMES M. LOOMIS DATE 3-16-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D NAME DAVIS, KAY STREET ADDRESS P.O. BOX 721377 N/A CITY-ST-ZIP ORLANDO FL 32872 <input checked="" type="checkbox"/> DELETE	11 TITLE 12 NAME 400002820534 13 STREET ADDRESS -03/26/99--01105--021 14 CITY-ST-ZIP *****70.00 *****70.00	21 TITLE PD 22 NAME GARNER, DAVID A 23 STREET ADDRESS 6 CAYUGA AVE. 24 CITY-ST-ZIP TAMPA, FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GARNER, DAVID STREET ADDRESS 601 COLUMBIA DR CITY-ST-ZIP TAMPA FL 33606 <input type="checkbox"/> DELETE	31 TITLE SD 32 NAME BOLVES, ERIC L. 33 STREET ADDRESS 2110 E. ROBINSON ST. 34 CITY-ST-ZIP ORLANDO, FL 32802 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	41 TITLE TD 42 NAME LOOMIS, JAMES M. 43 STREET ADDRESS 2100 LEE ROAD, SUITE A 44 CITY-ST-ZIP WINTER PARK, FL 32789 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE PD NAME BOLVES, ERIC L STREET ADDRESS 2110 E. ROBINSON ST. CITY-ST-ZIP ORLANDO FL 32803 <input type="checkbox"/> DELETE	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE			

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 *James M. Loomis* JAMES M. LOOMIS DATE 3-16-99 407-645-4775
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/198)