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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

707727

(4)

FLORIDA AIR ACADEMY SCHOLARSHIP FUND, INC.

FILED Feb 17 1997 8:00am Secretary of State

Distinct Disc.		LARONIF FUND, INC.						
Principal Place		Mailing Address	A AANUT					
1950 SOUTH AS MELBOURNE FL		1950 SOUTH ACADEMY MELBOURNE FL 32901-						
					3. Date Incorporated or Qualific 08/21/1964	od 3a. Da	ate of Last R 02/21/19	eport 96
_ `	ace of Business	2a. Mailing Address			4. FEI Number		·····	plied For
21	W a.L.	Suite, Apt. #, etc.			59-1056104			t Applicable
Suite, Apt. #	w, etc.	27 Soile, Apr. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & State)	City & State			6. Election Campaign Financin	3	\$5.00	May Re
23		28			Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	ntry	8. This corporation has liability			199.032,
4	9. Name and Address of Curi	[29]	30	····	Florida Statutes 10. Name and Address of New		No No	
	y. Name and Address of Curi	teur negisteren Agent		61 Name	10. Name and Address of New	riegisteres.	Agent	
DIMOLIT	IONIATURNI TRAOTUV		ļ					
DWIGHT, JONATHAN TIMOTHY 1950 SOUTH ACADEMY DRIVE			1	82 Street Ac	Idress (P.O. Box Number is Not Acce	otable)		
	JRNE FL 32901		}	83				
MECHOO	WHILL FORGOT			4 0				<u> </u>
				64 City		FL	85 Zip (Code
11. Pursuant t	o the provisions of Sections 617.0	0502 and 617,1508, Florida Sta	itutes, the at	ove-named co	prporation submits this statement for t	ne purpose o	changing it	s registered
office or re	egificred/Igent, or both in the Sta m tamilia/with, and account the ob-	ate of Flo <u>rida.</u> Such change wa Jidalion Set Section \$2,0500.	as authorized •Florida Stet	by the corpo	orporation submits this statement for tration's board of directors. I hereby a	cept the app	ointment as	registered
	The state of the s						, ,	• •
	11/1/10/14	WWW.	INTOL	ш		i	13119	1 P
	Ignavi Jyped or printed name of registere	HWY LA	WYW	щ	quired when reinstating)	DATE	13119	! <u> </u>
SIGNATURE _	lignay it yiphu or printed name of registere. OFFICERS A	agent and title if applicable. (iii AND DIRECTORS	NOTE: Registered	Agen signature re		DATE	DIRECTOR	S IN 12
SIGNATURE _	Ignal if Jyped of printed name of regisere OFFICERS A	agent and title if applicable.	NOTE: Registered	Agen signature re	quired when reinstating)	DATE	13119	S IN 12
SIGNATURE	Ignal II Jypes & printed name of registered OFFICERS A SD DWIGHT, JONATHAN T.	agent and title of opplicable (n) AND DIRECTORS DELETE	NOTE: Registered	Ageny signature re-	quired when reinstating)	DATE	DIRECTOR	S IN 12
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14. I do 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 of the receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or thick 2 if changes for on an attantion with a receiver.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/17 407-723-3211 X 16