

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

DOCUMENT # 710883 (0)

1. Corporation Name

FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.

95 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE



Principal Place of Business

738 HILLSIDE AVE.
LAKE WALES FL 33853

Mailing Address

738 HILLSIDE AVE.
LAKE WALES FL 33853

400001816764
-05/10/96--01053--012

3. Date Incorporated or Qualified 05/13/1966 6a. Date of Last Report 02/06/1995

2. Principal Place of Business

2a. Mailing Address

21 ~~807-78th ST~~ P.O. Box 7072

26 ~~807-78th ST~~ P.O. Box 7072

4. FEI Number 59-2867783 Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State Lakeland

27 City & State Lakeland

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23 TAMPA FL

28 TAMPA FL

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

24 Zip 33619 Country

29 Zip 33619 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOFFMAN, EDWARD JR.
216 S. GEORGE ST.
TARPON SPRINGS FL 33589

81 Name DECKER, ESTHER
82 Street Address (P.O. Box Number is Not Acceptable) 1735 MAPLEWOOD Dr
83
84 City EDGEWATER FL 85 Zip Code 32032

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, 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 the officer or director of the corporation.

SIGNATURE PD Esther J. Decker Esther J. Decker DATE 3-19-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	D
NAME	HOFFMAN, EDWARD JR.	1.2 NAME	DECKER, ESTHER
STREET ADDRESS	216 S. GEORGE ST.	1.3 STREET ADDRESS	1735 MAPLEWOOD DR
CITY-ST-ZIP	TARPON SPRINGS FL 33589	1.4 CITY-ST-ZIP	EDGEWATER FL 32043
TITLE	V	2.1 TITLE	D
NAME	SCHMALE, JOHN K	2.2 NAME	WISE, ALLAN
STREET ADDRESS	46800 DEEP WOODS RD.	2.3 STREET ADDRESS	2517 CARRIBEAN CT
CITY-ST-ZIP	PAISLEY FL 32767	2.4 CITY-ST-ZIP	ORLANDO FL 32805
TITLE	S	3.1 TITLE	D
NAME	WALTERS, LINN	3.2 NAME	WALTERS, LINN
STREET ADDRESS	1955 VALKARIA RD.	3.3 STREET ADDRESS	1955 VALKARIA RD
CITY-ST-ZIP	VALKARIA FL	3.4 CITY-ST-ZIP	VALKARIA FL 32950
TITLE	TD	4.1 TITLE	D
NAME	RUSSELL, DONALD A	4.2 NAME	MAGGART, KENNETH
STREET ADDRESS	738 HILLSIDE AVE.	4.3 STREET ADDRESS	807-78th ST
CITY-ST-ZIP	LAKE WALES FL 33853	4.4 CITY-ST-ZIP	TAMPA FL 33619
TITLE	D	5.1 TITLE	D
NAME	DECKER, SHELLY	5.2 NAME	DECKER, SHELLY
STREET ADDRESS	1735 MAPLEWOOD DR.	5.3 STREET ADDRESS	1735 MAPLEWOOD DR
CITY-ST-ZIP	EDGEWATER FL 32032	5.4 CITY-ST-ZIP	EDGEWATER FL 32043
TITLE	D	6.1 TITLE	D
NAME	RUSSELL, HELEN L	6.2 NAME	SCHMALE, MARY BETH
STREET ADDRESS	738 HILLSIDE AVE.	6.3 STREET ADDRESS	46800 DEEP WOODS RD
CITY-ST-ZIP	LAKE WALES FL 33853	6.4 CITY-ST-ZIP	PAISLEY FL 32767

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)(k), 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: Kenneth R. Maggart DATE 2-5-96 (8B) 971-0766

CR2E037 (12/95)