

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

DOCUMENT # N15531

(9)

1. Corporation Name

ANGEL FLIGHT OF FLORIDA, INC



Principal Place of Business

26600 ACE AVE.
LEESBURG FL 34748
US

Mailing Address

2660 ACE AVE.
LEESBURG FL 34748
US

3. Date Incorporated or Qualified
06/20/1986

3a. Date of Last Report
05/24/1995

2. Principal Place of Business

2a. Mailing Address

21 8742 Airport Blvd.

26 8742 Airport Blvd.

4. FEI Number
59-2697223

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite 1

Suite, Apt. #, etc.

Suite 1

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 City & State

Leesburg, Fl.

27 City & State

Leesburg, Fl.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip 34788

25 Country USA

29 Zip 34788

30 Country USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PRINGLE, JOHN A.
26600 ACE AVE.
LEESBURG FL 34748

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

708001884577
-07/05/96--01020--036

84 City

***61.25

FL

85 Zip Code

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

John Pringle, Chairman

June 26th, 1996

Signature, typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when registering.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PRINGLE, JOHN A.
STREET ADDRESS 26600 ACE AVE.
CITY-ST-ZIP LEESBURG FL

11 TITLE VP
12 NAME Tom Powers
13 STREET ADDRESS 16140 Troon Cir.
14 CITY-ST-ZIP Miami Lakes, Fl. 33014

TITLE TD
NAME WHITEMORE, WILLIAM
STREET ADDRESS 4095 S.E. ST. LUCIE BLVD.
CITY-ST-ZIP STUART FL

21 TITLE SD
22 NAME Christine Donart
23 STREET ADDRESS 5233 Jasmine Cir. North
24 CITY-ST-ZIP St. Pete, Fl. 34714

TITLE SD
NAME LONG, SUSAN
STREET ADDRESS 8910 N. DALE MABRY, SUITE 15
CITY-ST-ZIP TAMPA FL

31 TITLE D
32 NAME Tim O'Keefe
33 STREET ADDRESS 3520 Barquentine RD.
34 CITY-ST-ZIP Jacksonville, Fl. 32216

TITLE D
NAME MORGANSTEIN, CHARLES E
STREET ADDRESS 3700 AIRPORT RD., SUITE 307
CITY-ST-ZIP BOCA RATON FL

41 TITLE D
42 NAME Rick Wachstein
43 STREET ADDRESS 11808 North 56th. ST.
44 CITY-ST-ZIP Tampa, Fl. 33617

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE D
52 NAME Lili Dalton
53 STREET ADDRESS 26949 Raquet Cir.
54 CITY-ST-ZIP Leesburg, Fl. 34748

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE D
62 NAME Dr. Richard Laubaugh
63 STREET ADDRESS 2617 Gardenview Rd.
64 CITY-ST-ZIP Alford, Fl. 32420

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Pringle

6/27/96

Date

352-365-2303

Daytime Phone #

CR2E037 (12/95)