

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90026 015 ****70.00

DOCUMENT # N15531

1. Corporation Name

ANGEL FLIGHT SOUTHEAST, INC.

Principal Place of Business

**8742 AIRPORT BLVD. STE 1
LEESBURG FL 34788
US**

Mailing Address

**8742 AIRPORT BLVD. STE 1
LEESBURG FL 34788
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
06/20/1986

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2697223

Applied For
Not Applicable

23 City & State

27 City & State

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

24 Zip 25 Country

28 Zip 29 Country

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

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

84 City

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D PRINGLE, JOHN A**
STREET ADDRESS **26600 ACE AVENUE**
CITY-ST-ZIP **LEESBURG FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **VD Jim Atkins**
1.3 STREET ADDRESS **1401 Canal Point**
1.4 CITY-ST-ZIP **Longwood, FL 32750**

TITLE ☐ DELETE
NAME **PD WACHSTEIN, RICK**
STREET ADDRESS **11808 NORTH 56TH ST**
CITY-ST-ZIP **TAMPA FL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **SD Shelly Reeves**
2.3 STREET ADDRESS **696 Shady Court**
2.4 CITY-ST-ZIP **Altamonte Springs, FL 32701**

TITLE ☒ DELETE
NAME **D PALESE, CHRISTINE**
STREET ADDRESS **5951 BURLINGTON AVE NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D Alan Hoffberg**
3.3 STREET ADDRESS **P.O. Box 917750**
3.4 CITY-ST-ZIP **Longwood, FL 32791**

TITLE ☐ DELETE
NAME **TD BENNETT, ROSS**
STREET ADDRESS **33403 EAST LAKE JOANNA DR**
CITY-ST-ZIP **EUSTIS FL**

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **TD Bennett, Ross**
4.3 STREET ADDRESS **1180 Spring Center So., Suite 223**
4.4 CITY-ST-ZIP **Altamonte Springs, FL 32714**

TITLE ☒ DELETE
NAME **D BENNETT, ROSS**
STREET ADDRESS **33403 EAST LAKE JOANNA DR**
CITY-ST-ZIP **EUSTIS FL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D Dave Freudenberg**
5.3 STREET ADDRESS **3735 Victoria Way**
5.4 CITY-ST-ZIP **Boca Raton, FL 33434**

TITLE ☐ DELETE
NAME **D DALTON, LUI**
STREET ADDRESS **6949 RACQUET CIR**
CITY-ST-ZIP **LEESBURG FL**

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **D Kevin Carter**
6.3 STREET ADDRESS **3062 Green Turtle Circle**
6.4 CITY-ST-ZIP **Mims, FL 32754**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/10/99

Date

352-326-0761

Daytime Phone #

CR2E037 (1/98)

553398-90026-15
N15531

Angel Flight Southeast
8742 Airport Blvd.
Leesburg, FL 34788

Addition to #13

Title: D
Name: Bill Myers
Street Address: 339 Bobwhite Way
City-ST-ZIP: Sarasota, FL 34236

Addition

Title: D
Name: Howard Schneider
Street Address: Box 23633
City-ST-ZIP: Jacksonville, FL 32241

Addition

Title: P
Name: Lee Johnson
Street Address: 8742 Airport Blvd.
City-ST-ZIP: Leesburg, FL 34788

Addition