2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2003 8:00 am
Secretary of State
04-17-2003 90149 012 ****70.00

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DOCUMENT # N15531

1. Entity Name
ANGEL FLIGHT SOUTHEAST, INC.

Principal Place of Business	Mailing Address
8742 AIRPORT BLVD. LEESBURG FL 34788 US	8742 AIRPORT BLVD. LEESBURG FL 34788 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8864 AIRPORT BLVD Suite, Apt. #, etc.	8864 AIRPORT BLVD Suite, Apt. #, etc.
City & State: Leesburg FL	City & State: Leesburg FL
Zip: 34788 Country: USA	Zip: 34788 Country: USA

4. FEI Number 59-2697223 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRINGLE, JOHN A. 26600 ACE AVE. LEESBURG FL 34748	Name: Lee Johnson Street Address (P.O. Box Number is Not Acceptable): 1612 Canal Ct. City: Tavares FL Zip Code: 32778

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRINGLE, JOHN A 26600 ACE AVENUE LEESBURG FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Board Member - Secretary Randy Ellington 529 N. Wymore Rd #205 Maitland FL 32751	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC Past Chairman HOFFBERG, ALAN M PO BOX 917750 LONGWOOD FL 32791	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jenny Showalter - Vice Chairman PO Box 140753 Orlando FL 32814	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVC POWERS, TOM – CHAIRMAN 1858 NW 124TH AVE. CORAL SPRINGS FL 33071	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NEWELL, BARBARA 24508 RODA DR. BONITA SPRINGS FL 34135	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Board Member NEAL, RUSS 2722 REGAL WAY TUCKER GA 30089	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JOHNSON, LEE ~~27844 USA DR.~~ 1612 Canal Ct TEVARES FL 32778 TAVARES, FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Johnson, Lee 1612 Canal Ct Tavares FL	☒ Change ☐ Addition

CR2E037 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-23-03 (352) 326-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #