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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N30874** **(4)**

1. Corporation Name

HELICOPTER REUNION ALUMNI ASSOCIATION INC.

Principal Place of Business	Mailing Address
C/O EARL E. HOFFAY 938 SATSUMA CIR. SWITZERLAND FL 32259 US	C/O EARL E. HOFFAY 938 SATSUMA CIR. SWITZERLAND FL 32259 US

3. Date Incorporated or Qualified: 02/27/1989

4. FEI Number: 59-2951555 ☑ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 938 Satsuma Circle	26 SAME AS 2
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Switzerland, FL	28 City & State: Switzerland, FL
24 Zip: 32259 25 Country: US	29 Zip: 32259 30 Country: US

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

EARL E. HOFFAY
938 SATSUMA CIR.
SWITZERLAND FL 32259

10. Name and Address of New Registered Agent

81 Name: SAME AS 9
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 85 Zip Code: 32259

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: Earl E Hoffay — 1-5-98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOFFAY, EARL E. 938 SATSUMA CIR. SWITZERLAND FL 32259	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	NONE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, ROGER T. P.O. BOX 688 N/A NEWPORT TN 37821	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DANIELS, JANET 5104 HOLLYCREST DR. JACKSONVILLE FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOFFAY, BARBARA 938 SATSUMA CIR. SWITZERLAND FL 32259	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELLEMARE, DON 6001 STILL RUN DRIVE GREENSBORO NC 27455	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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.

SIGNATURE: Earl E. Hoffay — 1-5-98
SIGNATURE REQUIRED — NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #