2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State
02-15-2001 90067 046 ****61.25

0013753

DOCUMENT # N30874

1. Entity Name

~~HELICOPTER REUNION ALUMNI ASSOCIATION INC.~~
NAVY HELICOPTER ALUMNI ASSOCIATION

623754

Principal Place of Business	Mailing Address
938 SATSUMA CIRCLE SWITZERLAND FL 32259 US	938 SATSUMA CIRCLE SWITZERLAND FL 32259 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent

EARL E. HOFFAY
938 SATSUMA CIR.
SWITZERLAND FL 32259

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

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

FILE NOW: FEE IS $61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HOFFAY, EARL E. 938 SATSUMA CIR. SWITZERLAND FL 32259	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOFFAY, EARL E 938 SATSUMA CIR SWITZERLAND, FL 32259	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DANIELS, ROGER T. P.O. BOX 688 N/A NEWPORT TN 37821	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD DANIELS, JANET 5104 HOLLYCREST DR. JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD HOFFAY, BARBARA 938 SATSUMA CIR. SWITZERLAND FL 32259	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BELLEMARE, DON 6001 STILL RUN DRIVE GREENSBORO NC 27455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BELLEMARE, DON 6001 STILL RUN DR GREENSBORO, NC 27455	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BELLEMARE, COLEEN 6001 STILL RUN DR. GREENSBORO, NC 27455	☐ Change ☑ Addition

CR2E037 (10/00)

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: DON BELLEMARE DON BELLEMARE, PRESIDENT NHAA 336-698-2175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #