2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30874

FILED Apr 09, 2003 Secretary of State

Entity Name: HELICOPTER REUNION ALUMNI ASSOCIATION INC.

urrent P	rincipal Place of I	Business:	New Principal Place	of Business:
	JMA CIRCLE LAND, FL 32259	US		
urrent M	ailing Address:		New Mailing Addres	ss:
	JMA CIRCLE LAND, FL 32259	US		
El Number:	: 59-2951555 FI	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	Address of Curr	ent Registered Agent:	Name and Address of	of New Registered Agent:
ARL E. H	IOFFAY			
WITZERI	JMA CIR. LAND, FL 32259 named entity subr	US nits this statement for the	ourpose of changing its registere	ed office or registered agent, or both,
WITZERI he above	LAND, FL 32259		ourpose of changing its registere	ed office or registered agent, or both,
WITZERI he above the State	LAND, FL 32259 named entity subr e of Florida. RE:	nits this statement for the		
WITZERI he above ı the State	LAND, FL 32259 named entity subr e of Florida. RE:			ed office or registered agent, or both, Date
The above the State	LAND, FL 32259 named entity subr e of Florida. RE:	nits this statement for the particular in the pa	ent	
WITZERI he above i the State	named entity subrest of Florida. RE: Electronic S	nits this statement for the particle of Registered Ages:	ent	Date
witzeri he above i the State IGNATUF FFICERS tte: ame: ddress:	named entity subrest of Florida. RE: Electronic S S AND DIRECTOR VD () Delethoffay, EARL E 938 SATSUMA CIR.	nits this statement for the principle in	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON BELLEMARE PD 04/09/2003