FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT #**

Principal Place of Business

3700 Airport RO

N9500000215 1. Corporation Name

Boca Raton Pilots Association Scholarshipfund Inc

Mailing Address

FILED Jul 13, 1999 8:00 am Secretary of State

07-13-1999 90010 001 ****61.25

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* 5 887173 - 90010 - 7 3 •	
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3700 Airport RD STE 307 Boca Raton, Fl 33432 US 2. Principal Place of Business 21 3700 Airport Rd. 22 Mailing Address 23 700 Airport Rd.		5 587173 - 90010 - 71 3	
21 3700 Airport Rd. 26 3700 Airport Suite, Apt. #, etc.	11 1-02	05/04/1995 4. FEI Number	Applied For
22 Suite 210 27 Surte 210	•	65-0580395	Not Applicable
City & State City & State		03 03 80 373	\$8.75 Additional
23 Boca Katon FL 28 Boca Rate		5. Certifcate of Status Desired	Fee Required -
Zip Country Zip 23 43 / 3 / 3 / 3 / 3 / 3 / 3 / 3 / 3	Country o US	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	l Agent
Morgenstein, Charles	81 Name		
1761 W. Hillsboro Blud., Soite 328	'	ess (P.O. Box Number is Not Acceptable)	
Deerfield Beach FL 33442	83		
Deernew Beach PL 33472	84 City	Fi	85 Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes office or registered agent, or both, in the State of Florida. Such change was auth agent. I am familiar with, and accept the obligations of, Section 617.0503, Florid SIGNATURE	norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the appo	f changing its registered intment as registered
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	egistered Agent signature required		
12. OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE DT HARRY WhITTLE	1.1 TITLE		☐ Change ☐ Addition
NAME 1239 NW 167h Street	1.2 NAME		
STREET ADDRESS Buca Raton F1 33486	1.3 STREET ADDRESS		
CITY-ST-ZIP	1.4 CITY-ST-ZIP		
TITLE OC DELETE	2.1 TITLE		Change
NAME Robert Langevin STREET ADDRESS 4301 N. OCEAN BILD APTA406	2.2 NAME	Larad	010
STREET ADDRESS 4301 N. OCEAN BIVD APTA406	2.3 STREET ADDRESS 37	100 AirportRd, Suite	210
CITY-ST-ZIP BOCA Raton, FL	2.4 CITY-ST-ZIP	oca Raton, FL 33	431
TITE . DELETE	3.1 TITLE		Change Addition
NAME PERCY MAC Donald	-3.2 NAME		
STREET ADDRESS 2677 S OCEAN BIVD CITY-ST-ZIP BOCZ RATON, FL	3.3 STREET ADDRESS		
DELETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
NAME NOS PEECE P. Chrusch	4.1 IIILE 4.2 NAME		Change Addition
STREET ADDRESS 1521 NW 13Th Aue	4.3 STREET ADDRESS		
CITY-ST-ZIP BOCZ Raton F1 33486	4.4 CITY-ST-ZIP		
TITLE / \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	5.1 TITLE		Change
NAME Morganstein, Charles	5.2 NAME	and the state of the Bland	/
STREET ADDRESS 3/00/AIR PORT	5.3 STREET ADDRESS / 7	161 Wittillsboro Bludi,	VOITE 348
CITY-ST-ZIP Buca Raton F1 33486	5.4 CITY-ST-ZIP	enfield Beach, FL 3	
TITLE DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	6.2 NAME		
STREET ADDRESS	6.3 STREET ADDRESS		
	64 CITY-ST-ZIP		

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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR