

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

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

05-13-1999 90004 016 ****61.25

DOCUMENT # N98000000735

1. Corporation Name

FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.

Principal Place of Business

Mailing Address

C/O E. THOM RUMBERGER, JR. C/O E. THOM RUMBERGER, JR.
111 N. ORANGE AVE 111 N. ORANGE AVE.
20th FLOOR 20th FLOOR
ORLANDO, FL 32801 ORLANDO, FL 32801

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

FEBRUARY 9, 1998

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

52-2083314

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D
LT. GEN. BRUCE FISTER
400 REGATTA DRIVE
NICEVILLE, FL 32578

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D/C
JIM BODINE
503 SWEETWATER COVE BLVD.
SOUTH LONGWOOD, FL 32779

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D
ED HENSON
5600 SAND LAKE ROAD MP-285
ORLANDO, FL 32819-8907

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D/VC
MARSHALL HEARD
P.O. BOX 21233 KENNEDY SPACE CENTER
CAPE CANAVERAL, FL 32815

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

D/T
DON HALBERDA
3651 S. EAST COMMERCE AVE.
STEWART, FL 34997

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

D/S
JOHN CULLEN
HC-1 SPACE 100 CESSNA DR., COSTIN
PORT SAINT JOE, FL 32456

☐ Change ☐ Addition

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:

LT. GENERAL BRUCE FISTER

APRIL 22, 1999 (850) 729-7342

Date

Daytime Phone #

CR2E037 (11/98)