May 05, 1999 8:00 am Secretary of State

05-05-1999 90042 047 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000027488

1. Corporation Name

KOINONIA FLYING SERVICES, INC.

Principal Place of Business Mailing Address							1(1 08(1) 04110	11817 184H 8184)(1818) IBN 1481
11600 AVIATION BLVD. 2064 WINDWARD WAY									
	Gardens FL 33412	JUPITER FL 33477	JUPITER FL 33477			DO NOT WRITE IN THIS SPACE			
US						3. Date Incorporated or Qualifed		<u></u>	
						03/26/1997			
2 Principal P	lace of Business	2a. Mailing Address			4, FEI Number		A	pplied For	
24		26			65-0746379		Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional
22		27			5. Certificate of Status Desired		Fee R	Required	
City & Stat	e	City & State	City & State			6. Election Campaign Financing		•	May Be
23		28			Trust Fund Contribution Added to Fees				
Zip	Country	Zip		untry		8. This corporation owes the curr	ent year In	tangible	No
24	25	29	30	-		Personal Property Tax. 10. Name and Address of New F	Panistarad		
	9. Name and Address of Curre	ent Registered Agent		81	Name	10. Name and Address of New I	tegistered	Agent	
ΔND	ERSON, WILLIAM L				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>			
	WINDWARD WAY			82	Street Addr	ddress (P.O. Box Number is Not Acceptable)			
	TER FL 33477			83					
VD									
				84	City		FI	85 Zip	Code
44 Diversions	to the new injury of Continue 607 06	02 and 607 1509 Florida	a Statutes the s	hove	named corn	poration submits this statement for the	purpose o'	f changing it	s registered
office or r	egistered agent or both in the Stat	e of Florida. Such change	e was authorize	a by t	he corporation	on's board of directors. I hereby acce	ot the appo	intment as r	egistered
agent. I a	m familiar with, and accept the oblig	gations of, Section 607.05	005, Florida Stai	tutes.					
SIGNATURE	Signature, typed or printed name of registered as	nent and title if applicable	/NOTE: Registere	d Agent	signature require	d when reinstating)	DATE		
12.		ND DIRECTORS	13.		orgination or roduce	ADDITIONS/CHANGES TO OF		ND DIRECT	ORS IN 12
TITLE	D	☐ DEI	.ETE 1.1 T	ITLE				Change	
NAME	ANDERSON, WILLIAM L		1.2 N	IAME					ŀ
STREET ADDRESS	COOL HANDONNADO WAN		1.38	TREET	ADDRESS				ļ
CITY-ST-ZIP	JUPITER FL 33477		1,40	TY-ST	-ZIP				
TITLE	D			TITLE				Change	Addition
NAME	MAY, MARIANNE E		2.2 N	AME					
STREET ADDRESS	0004 14M1011/4 DD 14/41/		2.3 S	TREET	ADDRESS				
CITY-ST-ZIP	JUPITER FL 33477		2. 4 0	CITY-ST	-ZIP				
TITLE		☐ DE						Change	Addition
NAME			3.2 N	IAME					
STREET ADDRESS			3.3 S	TREET	ADDRESS				
CITY-ST-ZIP			3.4.0	SITY-ST	- ZIP				
TITLE		☐ DE	LETE 4.1 T	ITLE				Change	e 🔲 Addition
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				- 1
CITY-ST-ZIP			4.4 0	ny-s <u>t</u>	-ZIP				
TITLE		☐ DE	LETE 5.1 T	TILE				Change	Addition
NAME				IAME					ļ
STREET ADDRESS			5.3 8	TREET	ADDRESS				İ
CITY-\$T-ZIP				TS-YTK	· ZIP				
TITLE		☐ DE	LETE 6.1 T	ITLE				Change	Addition \
NAME			6.2 N	AME					ſ
			635	TREET	ADDRESS				ì

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 607. 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADORESS

C/TY-ST-ZIP