

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 710883

**Entity Name:** FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.**FILED**  
**Jan 27, 2020**  
**Secretary of State**  
**6973587036CC****Current Principal Place of Business:**17844 SE 159TH AVE  
WEIRSDALE, FL 32195**Current Mailing Address:**17844 SE 159TH AVE  
WEIRSDALE, FL 32195 US**FEI Number: 47-3323158****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CYNAMON, BRUCE E  
17844 SE 159TH AVE  
WEIRSDALE, FL 32195 US*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: BRUCE E CYNAMON****01/27/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** DIRECTOR  
**Name** ANGELL, MIKE  
**Address** 392 MELROSE LANDING  
**City-State-Zip:** HAWTHORNE FL 32640**Title** DIRECTOR  
**Name** CAPOZZI, KIMBERLY  
**Address** 392 MELROSE LANDING  
**City-State-Zip:** HAWTHORNE FL 32640**Title** TREASURER  
**Name** JOHNSTON, RANDA  
**Address** 22828 87TH RD  
**City-State-Zip:** O'BRIAN FL 32071**Title** DIRECTOR  
**Name** BRACEWELL, FRANKIE  
**Address** 1275 BAKER CHURCH RD  
**City-State-Zip:** RENTZ GA 31075**Title** DIRECTOR  
**Name** CAPOZZI, ROBERT  
**Address** 392 MELROSE LANDING BLVD  
**City-State-Zip:** HAWTHORNE FL 32640**Title** PRESIDENT  
**Name** CYNAMON, BRUCE  
**Address** 17844 SE 159TH AVE  
**City-State-Zip:** WEIRSDALE FL 32195**Title** VP  
**Name** DELEON, JOE  
**Address** 5991 36TH AVE N  
**City-State-Zip:** ST. PETERSBURG FL 33710**Title** DIRECTOR  
**Name** TRIPP, CHUCK  
**Address** 17755 SE 159TH AVE  
**City-State-Zip:** WEIRSDALE FL 32195**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: BRUCE E CYNAMON****PRESIDENT****01/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name NOWLING, DC  
Address 532 TAILSPIN LN  
City-State-Zip: HOLT FL 32564

Title DIRECTOR  
Name BOYER, ROBERT E  
Address 17776 SE 158 COURT  
City-State-Zip: WEIRSDALE FL 32195

Title DIRECTOR  
Name MUTERSPAUGH, JULIE  
Address 17790 SE 158 COURT  
City-State-Zip: WEIRSDALE FL 32195

Title SECRETARY  
Name BOYER, SANDY E  
Address 17776 SE 158 COURT  
City-State-Zip: WEIRSDALE FL 32195

Title DIRECTOR  
Name LEARY, JOHN  
Address 17790 SE 158 COURT  
City-State-Zip: WEIRSDALE FL 32195