

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754366

FILED
Feb 13, 2008
Secretary of State

Entity Name: COLLIER MODEL AERONAUTIC CLUB, INC.

Current Principal Place of Business:

6541 CHESTNUT CIRCLE
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1757
MARCO ISLAND, FL 34146 US

New Mailing Address:

FEI Number: 29-7384215

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERMANN, MICHAEL
6541 CHESTNUT CIRCLE
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FITZGERALD, RAY
Address: 3277 N W 5TH AVE
City-St-Zip: NAPLES, FL 34120

Title: VP () Delete
Name: KEEFE, JEROME
Address: 3685 MONTREUX LN #104
City-St-Zip: NAPLES, FL 34114

Title: ST () Delete
Name: PETERMANN, MICHAEL
Address: 6541 CHESTNUT CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: BOD () Delete
Name: BRANHAM, GERALD B
Address: 8906 LELY ISLAND CIR
City-St-Zip: NAPLES, FL 34113

Title: BOD () Delete
Name: RUSSELL, DAVE
Address: 17941 BERMUDA DUNES DRIVE
City-St-Zip: FT MYERS, FL 33912

Title: BOD () Delete
Name: HUNT, WILLIAM
Address: 2997 ORANGE ST
City-St-Zip: NAPLES, FL 34112

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MACMORIS, CLIFFORD
Address: P.O.BOX 487
City-St-Zip: GOODLAND, FL 34140

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BOD (X) Change () Addition
Name: BOXWELL, CHARLES W
Address: 831 94TH AVE. N
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MICHAEL PETERMANN

ST

02/13/2008

Electronic Signature of Signing Officer or Director

Date