

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007283

FILED
Apr 29, 2009
Secretary of State

Entity Name: FLORIDA AIR MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

4175 MEDULLA RD
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

4175 MEDULLA RD
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 59-3679477 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WENDEL, JOHN F
336 W HIGHLAND DR
SUITE 4
LAKELAND, FL 33813 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: CD () Delete
Name: EICKHOFF, WILLIAM A
Address: 3522 PINEDALE DR
City-St-Zip: LAKELAND, FL 33811

Title: VPSD () Delete
Name: FORTIN, SANDY
Address: 2238 BRANDON ROAD
City-St-Zip: LAKELAND, FL 33803

Title: P () Delete
Name: BURTON, JOHN C
Address: 4175 MEDULLA RD
City-St-Zip: LAKELAND, FL 33811

Title: VASD () Delete
Name: O'REILLY, FRANK J
Address: 620 LAUREL LANE
City-St-Zip: LAKELAND, FL 33813

Title: TASD () Delete
Name: GARCIA, RICK
Address: 3650 DRANE FIELD ROAD
City-St-Zip: LAKELAND, FL 33811

Title: D () Delete
Name: NORTON, KELLY
Address: 1337 BRIGHTON WAY
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: JOHN C. BURTON

P

04/29/2009

Electronic Signature of Signing Officer or Director

_____ Date