


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N93000003296**

1. Entity Name  
 NATIONAL AVIATION SAFETY FOUNDATION, INC.



Principal Place of Business  
 850 CONCOURSE PKY S  
 SUITE 150  
 MAITLAND, FL 32751 US

Mailing Address  
 P.O. BOX 940849  
 MAITLAND, FL 32794-0849 US

**DO NOT WRITE IN THIS SPACE**



01132008 No Chg-NP CR2E037 (4/06)

4. FEI Number  
 59-3209330

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOOMIS, JAMES M  
 850 CONCOURSE PARKWAY S  
 SUITE 150  
 MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25  
 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOOMIS, JAMES M 1555 GLENCOE RD WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRANGE, ERNIE 14423 POND PLACE DR JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOLVES, ERIC L 2110 E. ROBINSON ST. ORLANDO, FL 32802
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ernest J. Strange, Jr. 1/12/08 904-262-3497

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #