

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000000735

FILED
Jan 20, 2009
Secretary of State

Entity Name: FLORIDA AVIATION AND AEROSPACE ALLIANCE, INC.

Current Principal Place of Business:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 52-2083314

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPIER, BENNETT
325 JOHN KNOX ROAD
L103
TALLAHASSEE, FL 32303 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: VC () Delete
Name: COTE, DONALD G ARM
Address: 1001 BRICKELL BAY DR.
City-St-Zip: MIAMI, FL 331314937

Title: D () Delete
Name: ELLEGOOD, EDWARD
Address: 100 SPACEPORT WAY
City-St-Zip: CAPE CANAVERAL, FL 329204003

Title: C () Delete
Name: HEARD, MARSHALL
Address: 620 APACHE TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

Title: D () Delete
Name: KARIBO, JACK
Address: 4209 TIMUQUANA RD
City-St-Zip: JACKSONVILLE, FL 32210

Title: ED () Delete
Name: NAPIER, BENNETT
Address: 325 JOHN KNOX ROAD, L103
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: COTE, DONALD G ARM
Address: 1001 BRICKELL BAY DR.
City-St-Zip: MIAMI, FL 331314937

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

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

Title: D (X) Change () Addition
Name: HASKINS, PENNY
Address: PO BOX 459
City-St-Zip: ALACHUA, FL 32616

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

Title: D () Change (X) Addition
Name: BARNIDGE, LEROY
Address: 200 W NASA BLVD MS-AO2-222
City-St-Zip: MELBOURNE, FL 32904

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: BENNETT NAPIER

ED

01/20/2009

Electronic Signature of Signing Officer or Director

_____ Date