


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90183 047 ****61.25

DOCUMENT # N99000000967
 1. Entity Name
THE CHEROKEE FLYERS, INC.



Principal Place of Business
 2922 PIPER DRIVE
 VERO BEACH, FL 32960

Mailing Address
 2922 PIPER DRIVE
 VERO BEACH, FL 32960

40023554



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

02182005 Ctg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH, FL 32963

4. FEI Number
59-3557096

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when existing)

Filing Fee is \$61.25
Due by May 1, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P	NAME GREEN, RICHARD M	STREET ADDRESS 2140 DUNMORE LANE	CITY-ST-ZIP VERO BEACH, FL 32963	<input type="checkbox"/> Delete
TITLE VP	NAME KEEN, JOEL M	STREET ADDRESS 1116 32ND AVE. SW	CITY-ST-ZIP VERO BEACH, FL 32962	<input type="checkbox"/> Delete
TITLE T	NAME MILES, CAROL A	STREET ADDRESS 6905 CITRUS PK BLVD	CITY-ST-ZIP FORT PIERCE, FL 34951	<input type="checkbox"/> Delete
TITLE S	NAME MILLS, TERRI L	STREET ADDRESS 4435 6TH PLACE SW	CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete
TITLE T	NAME GALLO, JOHN	STREET ADDRESS 660 45TH COURT SW	CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete
TITLE T	NAME OMALLEY, R P	STREET ADDRESS 1120 31ST AVE	CITY-ST-ZIP VERO BEACH, FL 32960	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 files empowered.

SIGNATURE: Carol A. Miles 2/22/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR