

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000044

FILED
Jan 17, 2008
Secretary of State

Entity Name: DELAND NAVAL AIR STATION MUSEUM, INC.

Current Principal Place of Business:

910 BISCAYNE BLVD
DELAND, FL 32724 US

New Principal Place of Business:

Current Mailing Address:

910 BISCAYNE BLVD
DELAND, FL 32724 US

New Mailing Address:

FEI Number: 59-3227793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, DALE C
533 N. SAN SOUCI
DELAND, FL 32720 US

Name and Address of New Registered Agent:

CARSON, E. P
395 ORANGE ST
DELAND, FL 32724 US

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: E. P. CARSON

01/17/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: FULLER, JOHN P
Address: 434 S. EUCLID
City-St-Zip: LAKE HELEN, FL 32744

Title: VP () Delete
Name: LONDON, HAROLD
Address: 421 S. KINGSBURY BLVD.
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: YOCUM, DAVID
Address: 955 SINGLETON DR.
City-St-Zip: DELAND, FL 32724

Title: D () Delete
Name: MODDLE, JR, STEPHEN
Address: 825 PELICAN BAY DR.
City-St-Zip: DAYTONA BEACH, FL 32119

Title: DS () Delete
Name: FORTES, JACK
Address: 255 N HILL AVE
City-St-Zip: DELAND, FL 32724

Title: P (X) Delete
Name: ALEXANDER, DALE C
Address: 533 SAN SOUCI
City-St-Zip: DELAND, FL 32720

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: CARSON, E. P
Address: 395 ORANGE ST
City-St-Zip: DELAND, FL 32724

Title: VP (X) Change () Addition
Name: LANCASTER, C. A
Address: 711 N. GARFIELD AVE
City-St-Zip: DELAND, FL 32724

Title: D (X) Change () Addition
Name: STUBBS, CHRISTOPHER B
Address: 4029 W. STATE ROAD 46
City-St-Zip: SANFORD, FL 32771

Title: P (X) Change () Addition
Name: LOWENSTEIN, PETER C
Address: 214 E. WASHINGTON AVE
City-St-Zip: DELAND, FL 32724

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: E. P. CARSON

T

01/17/2008

Electronic Signature of Signing Officer or Director

Date