

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722935

**Entity Name:** FLORIDA AVIATION BUSINESS ASSOCIATION, INC.**Current Principal Place of Business:**13506 SUMMERPORT VILLAGE PARKWAY  
STE 211  
WINDERMERE, FL 34786**Current Mailing Address:**13506 SUMMERPORT VILLAGE PARKWAY  
STE 211  
WINDERMERE, FL 34786 US**FEI Number:** 65-0032480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AVIATION MANAGEMENT CONSULTING GROUP, INC.  
10675 WOODCHASE CIRCLE  
ORLANDO, FL 32836 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:** JEFF A KOHLMAN

04/05/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name QUINN, MIKE  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
SUITE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name KOHLMAN, JEFF  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name SHOWALTER, JENNY  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name RICHARDS, RICHARD L.  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name ROSENSTEEL, CHRISTINE  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name CONKLIN, COLLEEN  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title TREASURER / DIRECTOR  
Name FOLKRINGA, SUE  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title DIRECTOR  
Name EARL, WESLEY  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

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*I hereby 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 all other like empowered.*

**SIGNATURE:** JEFF KOHLMAN

DIRECTOR

04/05/2022

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name POPILEK, STEVEN  
Address 13506 SUMMERPORT VILLAGE PARKWAY  
STE 211  
City-State-Zip: WINDERMERE FL 34786

Title PRESIDENT  
Name NOJAIM, BRAD  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY  
SUITE 211  
City-State-Zip: WINDERMERE FL 34786