

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722935

Entity Name: FLORIDA AVIATION TRADES ASSOCIATION, INC.**Current Principal Place of Business:**400 HERNDON AVENUE
ORLANDO, FL 32803**Current Mailing Address:**P.O. BOX 140753
ORLANDO, FL 32814 US**FEI Number:** 65-0032480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOWALTER, ROBERT H.
400 HERNDON AVENUE
ORLANDO, FL 32803 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:** ROBERT H. SHOWALTER

01/13/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name SHOWALTER, SANDY
Address P.O. BOX 14073
City-State-Zip: ORLANDO FL 32814

Title PRESIDENT
Name DYMERSKI, DERIC
Address 825 SEVERN AVE
City-State-Zip: TAMPA FL 33606

Title VP, TREASURER
Name MICHAEL, FRENCH
Address P.O. BOX 140753
City-State-Zip: ORLANDO FL 32814

Title D
Name TYLER, ROBERT
Address 141 SAGE BRUSH TRAIL, SUITE A
City-State-Zip: ORMOND BEACH FL 32174

Title DIRECTOR
Name SHOWALTER, ROBERT
Address P.O. BOX 140753
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name ROSE, PAUL
Address P.O. BOX 140753
City-State-Zip: ORLANDO FL 32814

Title DIRECTOR
Name GARGHILL, WILLIAM
Address P.O. BOX 140753
City-State-Zip: ORLANDO FL 32814

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: ROBERT H. SHOWALTER

DIRECTOR

01/13/2014

Electronic Signature of Signing Officer/Director Detail

Date