

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722935

Entity Name: FLORIDA AVIATION TRADES ASSOCIATION, INC.**Current Principal Place of Business:**4685 LONGBOW DRIVE
TITUSVILLE, FL 32796**Current Mailing Address:**4685 LONGBOW DRIVE
TITUSVILLE, FL 32796**FEI Number:** 65-0032480**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAEBURN, PAULA
4685 LONGBOW DRIVE
TITUSVILLE, FL 32796 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	RAEBURN, PAULA
Address	4685 LONGBOW DRIVE
City-State-Zip:	TITUSVILLE FL 32796

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

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

Title	T
Name	MICHAEL, FRENCH
Address	4685 LONGBOW DRIVE
City-State-Zip:	TITUSVILLE FL 32796

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

Title	D
Name	COSTABLE, LYNDSE
Address	4685 LONGBOW DRIVE
City-State-Zip:	TITUSVILLE FL 32796

Title	DIRECTOR
Name	SRKAL, MILO
Address	4685 LONGBOW DRIVE
City-State-Zip:	TITUSVILLE FL 32796

Title	DIRECTOR
Name	KOST, BRAD
Address	4685 LONGBOW DRIVE
City-State-Zip:	TITUSVILLE FL 32796

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: PAULA J. RAEBURN**EXECUTIVE DIRECTOR****01/22/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date