

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007283

**Entity Name:** FLORIDA AIR MUSEUM, INC.

**Current Principal Place of Business:**

4175 MEDULLA RD  
LAKELAND, FL 33811

**Current Mailing Address:**

4175 MEDULLA RD  
LAKELAND, FL 33811

**FEI Number:** 59-3679477

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WENDEL, JOHN F  
336 W HIGHLAND DR  
SUITE 4  
LAKELAND, FL 33813 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 CHAIRMAN OF THE BOARD  
Name ROBERT , KNIGHT  
Address 3701 AIRFIELD DRIVE WEST  
City-State-Zip: LAKELAND FL 33811

Title SEC  
Name PHILLIPS, PAT  
Address 957 PIEDMONT OAKS  
City-State-Zip: APOPKA FL 32703

Title CFO  
Name NEAL, TRACY  
Address 4175 MEDULLA ROAD  
City-State-Zip: LAKELAND FL 33811

Title TREASURER  
Name BROWN, STEVE  
Address PO BOX 62000  
City-State-Zip: MIDLAND TX 79711

Title PRESIDENT  
Name LEENHOUTS, JOHN  
Address 4175 MEDULLA RD  
City-State-Zip: LAKELAND FL 33811

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:** TRACY T. NEAL, CPA

CFO

04/30/2013

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date