#### **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007283

Entity Name: AEROSPACE CENTER FOR EXCELLENCE, INC.

**FILED** Mar 20, 2023 **Secretary of State** 6652855255CC

# **Current Principal Place of Business:**

4075 JAMES C RAY DRIVE FLORIDA AIR MUSEUM 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:

SUN N FUN FLY-IN INC 4175 MEDULLA RD LAKELAND, FL 33811 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: TRACY T NEAL 03/20/2023

> Date Electronic Signature of Registered Agent

#### Officer/Director Detail:

CEO, PRESIDENT

Title

Title DIRECTOR, SECRETARY Title CHAIRMAN OF THE BOARD

Name KINCART. JEFF Name GARCIA. RICK

Address 1875 W. MAIN STREET Address 3650 DRANE FIELD ROAD City-State-Zip: LAKELAND FL 33811 City-State-Zip: BARTOW FL 33830

Title **TREASURER** Title VC

TENNYSON, ELIZABETH Name Name BEATY, BOB

Address **421 AVIATION WAY** Address 3211 STONEWATER DRIVE FREDERICK MD 21701 City-State-Zip: City-State-Zip: LAKELAND FL 33803

Title **CFO** 

NEAL, TRACY T Name Name CONRAD, EUGENE Address 4175 MEDULLA RD Address 4175 MEDULLA ROAD City-State-Zip: LAKELAND FL 33811 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.

03/20/2023 SIGNATURE: TRACY T NEAL **CFO**