

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007283

**Entity Name:** AEROSPACE CENTER FOR EXCELLENCE, 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:**

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

05/31/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, SECRETARY  
Name PHILLIPS, R. PATRICK  
Address 200 N. THORNTON AVENUE  
City-State-Zip: ORLANDO FL 32801

Title CHAIRMAN OF THE BOARD  
Name GARCIA, RICK  
Address 3650 DRANE FIELD ROAD  
City-State-Zip: LAKELAND FL 33811

Title VC  
Name BEATY, BOB  
Address 3211 STONEWATER DRIVE  
City-State-Zip: LAKELAND FL 33803

Title TREASURER  
Name AHEARN, CHUCK  
Address 100 AVIATION DRIVE SOUTH  
SUITE 203  
City-State-Zip: NAPLES FL 34104

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

Title CFO  
Name NEAL, TRACY T  
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

CFO

05/31/2018

Electronic Signature of Signing Officer/Director Detail

Date