

2016 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	DIRECTOR
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**CFO****04/18/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date