

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008537

**Entity Name:** COLLEGE OF MISSIONARY AVIATION, INC.**Current Principal Place of Business:**1155 ORCHID AVE  
KEYSTONE HEIGHTS, FL 32656**Current Mailing Address:**P. O. BOX 1033  
KEYSTONE HEIGHTS, FL 32656**FEI Number: 47-1994752****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**COLLEGE OF MISSIONARY AVIATION  
1155 ORCHID AVENUE  
KEYSTONE HEIGHTS, FL 32656 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: ROBERT BRITTON II****01/14/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, CHAIRMAN  
Name            BRITTON II, ROBERT F  
Address        1155 ORCHID AVE  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title            DIRECTOR  
Name            HALEY, KENT DAVID  
Address        2003 WINDBROOK DR SE  
City-State-Zip: PALM BAY FL 32909

Title            SECRETARY  
Name            RYAN, CLIFFORD  
Address        55081 FAWN COURT  
City-State-Zip: CALLAHAN FL 32011

Title            TREASURER  
Name            GEIGER, DAVID  
Address        PO BOX 1007  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title            DIRECTOR  
Name            ZYLMAN, PATRICIA  
Address        1376 BLANCHE ST  
City-State-Zip: MALABAR FL 32950

*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: ROBERT F BRITTON II****PRESIDENT****01/14/2021**

Electronic Signature of Signing Officer/Director Detail

Date