

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008537

Entity Name: COLLEGE OF MISSIONARY AVIATION, INC.**Current Principal Place of Business:**1155 ORCHID AVENUE
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****01/21/2023**

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****01/21/2023**

Electronic Signature of Signing Officer/Director Detail

Date