

2018 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:**HUGGINS, TIMOTHY
7695 ROSE LANE
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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PST
Name	HUGGINS, TIMOTHY
Address	7695 ROSE LANE
City-State-Zip:	KEYSTONE HEIGHTS FL 32356

Title	VP
Name	HUGGINS, ROGER W
Address	6840 MANNING CEMETARY RD.
City-State-Zip:	JACKSONVILLE FL 32234

Title	SECRETARY
Name	GIBBS, SHELLIE
Address	7233 STRICKLAND LANE
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

Title	CHAIRMAN
Name	BELL, DWIGHT W.
Address	2404 SCENIC DRIVE
City-State-Zip:	MELBOURNE FL 32901

Title	BOARD MEMBER
Name	ZAWORKA, BETTY
Address	P.O. BOX 452
City-State-Zip:	KEYSTONE HEIGHTS FL 32656

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

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: TIMOTHY R. HUGGINS**PRESIDENT****02/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date