

2019 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:**BELL, DWIGHT W
2404 SCENIC DR
MELBOURNE, FL 32901 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:** DWIGHT W BELL

03/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title BOARD MEMBER
Name HALEY, KENT DAVID
Address 1155 ORCHID AVE
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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 BANNISTER, GARY
Address PO BOX 1971
City-State-Zip: KEYSTONE HEIGHTS FL 32656

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: DWIGHT BELL

CHAIRMAN

03/01/2019

Electronic Signature of Signing Officer/Director Detail

Date