# 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: REILLY PELKEY

Electronic Signature of Signing Officer/Director Detail

#### 2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# N16000008795

#### Entity Name: AIRBOATER'S FOR AUTISM AWARENESS INC

#### Current Principal Place of Business:

8589 SE WILKES PLACE HOBE SOUND, FL 33455

## **Current Mailing Address:**

8589 SE WILKES PLACE HOBE SOUND, FL 33455

# FEI Number: 81-3966831

# Name and Address of Current Registered Agent:

PELKEY, REILLY L 8589 SE WILKES PLACE HOBE SOUND, FL 33455 US

Date

Certificate of Status Desired: No

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

# Officer/Director Detail :

Title	Р	Title	VP
Name	PELKEY, TAD V	Name	PELKEY, SHELBY L
Address	8589 SE WILKES PLACE	Address	8589 SE WILKES PLACE
City-State-Zip:	HOBE SOUND FL 33455	City-State-Zip:	HOBE SOUND FL 33455
Title	SEC	Title	DIRECTOR
Title Name	SEC PELKEY, REILLY L	Title Name	DIRECTOR PELKEY, CLAYTON L

SECRETARY

Date

03/30/2021