

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000014511

**Entity Name:** ELEVATE AEROSPACE & LOGISTICS INCUBATOR INC.

**Current Principal Place of Business:**

4075 JAMES C RAY DRIVE  
LAKELAND, FL 33811

**Current Mailing Address:**

4075 JAMES C RAY DRIVE  
LAKELAND, FL 33811 US

**FEI Number:** 87-4082687

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NEAL, TRACY T  
4075 JAMES C RAY DRIVE  
LAKELAND, FL 33811 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 P  
Name GARCIA, RICK  
Address 3650 DRANE FIELD ROAD  
City-State-Zip: LAKELAND FL 33811

Title VP  
Name LEENHOUTS, JOHN  
Address 4075 JAMES C RAY DRIVE  
City-State-Zip: LAKELAND FL 33811

Title SECRETARY, TREASURER  
Name CRUMP, ERIC  
Address 4075 JAMES C RAY DRIVE  
City-State-Zip: LAKELAND FL 33811

Title CFO  
Name NEAL, TRACY T  
Address 4075 JAMES C RAY DRIVE  
City-State-Zip: LAKELAND FL 33811

*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:** TRACY T NEAL

**CFO**

**02/23/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date