

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

DOCUMENT# N93000003296

**FILED**  
**Jan 05, 2024**  
**Secretary of State**  
**8585098151CC**

**Entity Name:** NATIONAL AVIATION SAFETY FOUNDATION, INC.

**Current Principal Place of Business:**

NASF C/O FLORIDA AVIATION NETWORK  
8316 CROSSWICKS DRIVE  
ORLANDO, FL 32819

**Current Mailing Address:**

FLORIDA AVIATION NETWORK  
8316 CROSSWICKS DR  
ORLANDO, FL 32819 US

**FEI Number:** 59-3209330

**Certificate of Status Desired:** No

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

YOUNG, OBIE S  
8316 CROSSWICKS DRIVE  
ORLANDO, FL 32819 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:** OBIE S YOUNG

01/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            YOUNG, OBIE S  
Address        8316 CROSSWICKS DR  
City-State-Zip: ORLANDO FL 32819

Title            DIRECTOR  
Name            BOLVES, ERIC L  
Address        2110 E. ROBINSON ST.  
City-State-Zip: ORLANDO FL 32802

Title            VP  
Name            WILLIAM, MCCLUNG H  
Address        10318 OUT ISLAND DR  
City-State-Zip: TAMPA FL 33615

Title            DIRECTOR  
Name            RASKEY, BOB  
Address        1219 PAGANO CT  
City-State-Zip: PORT ORANGE FL 32129

Title            SECRETARY  
Name            COLEMAN, BEN  
Address        11461 IRONHEAD TR GREEN SWAMP  
City-State-Zip: LAKELAND FL 33809

Title            TREASURER  
Name            WEANER, JOEL D  
Address        10606 JOLYNN RD  
City-State-Zip: JACKSONVILLE FL 33225

Title            DIRECTOR  
Name            WILLIAMS, ROBB  
Address        2131 WOODRUFF ROAD  
                 SUITE 2100-245  
City-State-Zip: GREENVILLE SC 29607

Title            DIRECTOR  
Name            MCLEROY, JOHN D  
Address        4929 SPIRAL WAY SUITE M  
City-State-Zip: ST CLOUD FL 34771

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*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:** OBIE S YOUNG

**PRESIDENT**

01/05/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            VALENTINE, BARRY L  
Address        FLORIDA AVIATION NETWORK  
                 8316 CROSSWICKS DR  
City-State-Zip: ORLANDO FL 32819