

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001434

Entity Name: EGLIN/AIR FORCE ASSOCIATION AEROSPACE EDUCATION
FOUNDATION, INCORPORATED**FILED**
Mar 22, 2021
Secretary of State
4439345943CC**Current Principal Place of Business:**4554 REDBUD TRAIL
NICEVILLE, FL 32578**Current Mailing Address:**PO BOX 176
SHALIMAR, FL 32579 US**FEI Number: 59-3239211****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CZONSTKA, STEVEN J
4554 REDBUD TRAIL
NICEVILLE, FL 32578 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 PD
Name KOSTELNIK, MICHAEL
Address PO BOX 176
City-State-Zip: SHALIMAR FL 32579Title VD, SCHOLARSHIPS
Name MCBRYDE, MARIAN
Address PO BOX 176
City-State-Zip: SHALIMAR FLTitle CD
Name MCALLISTER, EDDIE
Address 1750 OSPREY COVE
City-State-Zip: NICEVILLE FL 32578Title SD
Name PIGOTT, SHIRLEY
Address 1522 ROYAL PALM DRIVE
City-State-Zip: NICEVILLE FL 32578Title TD
Name CZONSTKA, STEVEN J
Address 4554 REDBUD TRAIL
City-State-Zip: NICEVILLE FL 32578

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: STEVEN J CZONSTKA**TD****03/22/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date