

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000007080

Entity Name: AIR FORCE ENLISTED VILLAGE, INC.**Current Principal Place of Business:**92 SUNSET LANE
SHALIMAR, FL 32579**Current Mailing Address:**92 SUNSET LANE
SHALIMAR, FL 32579**FEI Number:** 23-7078212**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BINNICKER, JAMES CPCEO
2037 GRAYSON DR
NAVARRE, FL 32566 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	BINNICKER, JAMES CMR.
Address	2037 GRAYSON DR
City-State-Zip:	NAVARRE FL 32566

Title	BUDGET COMMITTEE CHAIRMAN
Name	CRAIK, KENNY
Address	2623 BRODIE LN
City-State-Zip:	CRESTVIEW FL 32536

Title	ASTD
Name	WALKER, DEBORAH MRS.
Address	P.O. BOX 50476
City-State-Zip:	MOBILE AL 36605

Title	CD
Name	NICHOLSON, DENNIS MR.
Address	315 HOLMES BLVD
City-State-Zip:	FT WALTON BEACH FL 32548

Title	STD
Name	PLUMB, GARY JMR
Address	140 RED MAPLE WAY
City-State-Zip:	NICEVILLE FL 32578

Title	DF
Name	CARRON, JENNIFER SMRS
Address	202 RAPTOR DRIVE
City-State-Zip:	CRESTVIEW FL 32536

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: JENNIFER S CARRON**DIRECTOR OF FINANCE****01/19/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date