

2016 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003257

Entity Name: AVIATION EDUCATION FOUNDATION, INC.**Current Principal Place of Business:**5951 S. MIDDLEFIELD ROAD
LITTLETON, CO 80123**Current Mailing Address:**5951 S. MIDDLEFIELD ROAD
SUITE 105
LITTLETON, CO 80123**FEI Number:** 20-1647297**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AHEARN, CHARLES J
100 AVIATION DRIVE SOUTH
SUITE 203
NAPLES, FL 34104 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	RAY, JAMES C
Address	100 AVIATION DRIVE SOUTH, SUITE 203
City-State-Zip:	NAPLES FL 34104

Title	COB
Name	RAY, JAMES C
Address	100 AVIATION DRIVE SOUTH, SUITE 203
City-State-Zip:	NAPLES FL 34104

Title	VSD
Name	AHEARN, CHARLES J
Address	100 AVIATION DRIVE SOUTH, SUITE 100
City-State-Zip:	NAPLES FL 34104

Title	TD
Name	TEMPAS, JEFFERY J
Address	5951 S. MIDDLEFIELD ROAD, SUITE 105
City-State-Zip:	LITTLETON CO 80123

Title	DIRECTOR
Name	BROUSSEAU, THEODORE
Address	100 AVIATION DRIVE SOUTH STE 203
City-State-Zip:	NAPLES FL 34104

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: CHARLES AHEARN

VSD

01/07/2016

Electronic Signature of Signing Officer/Director Detail_____
Date