## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 320568** 

Title:

Name:

Address:

City-St-Zip:

FILED Mar 26, 2009 Secretary of State

Entity Name: THE ORLANDO AEROCLUB, INC.					
Current Pr	incipal Place	of Business:	New Principal Place	of Business:	
400 HERNDON AVE, HANGAR 72 ORLANDO, FL 32803					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P O BOX 149306 ORLANDO, FL 328146306					
FEI Number:	59-1298043	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
TYGIELSKI & ASSOCIATES 110 N. BUMBY AVE ORLANDO, FL 32803 US			3107 EDGEWATER D	B A HATTAWAY & ASSOCIATES 3107 EDGEWATER DRIVE, SUITE 3 ORLANDO, FL 32804 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: SHANE BORDEN				03/26/2009	
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	BORDEN, SHAN 980 MOORING A		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () ALBERSON, MA 2161 LAKE DRIV WINTER PARK,	/E	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V () STRICKLAND, Jo 5624 WEST LAK WINDERMERE,	E BUTLER RD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: SHANE BORDEN P 03/26/2009

() Delete

CARSTEN, KEITH

OCOEE, FL 34761

2348 HOLLY RIDGE DR

() Change () Addition