## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 701325**

FILED Feb 13, 2006 Secretary of State

Entity Name: THE AERO CLUB INC.

Lillity Na	ille. THE ALF	CO CLOB INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
		NATIONAL AIRPORT 2187933 US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	IGS FERRY RI , FL 32046	O			
FEI Number	r: 23-7076009	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Address of	of New Registered Agent:	
HILLIARD The above	e named entity te of Florida.	US	ourpose of changing its registere	d office or registered agent, or both,	
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS	
Fitle: Name: Address: City-St-Zip:	P ( OVERSTREET 294 RIDGELIN ORANGE PARI	E CT.	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	V ( BAINE,THOMA 1123 PECAN F JACKSONVILL	PARK	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D ( BURKS, RICHA RT. 1,BOX 706 CALLAHAN, FL	<b>S</b>	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	STD ( BAILEY JR, LU 37661 KINGS I HILLIARD, FL	FERRY ROAD	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address:	,	) Delete	Title:	( ) Change ( ) Addition	
City-St-Zip:	TUCKER,KARL 1253 OVINGTO JACKSONVILL	ON RD.	Name: Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUCIAN H. BAILEY JR. STD 02/13/2006