

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710883

FILED
May 05, 2008
Secretary of State

Entity Name: FLORIDA SPORT AVIATION ANTIQUE & CLASSIC ASSOCIATION, INC.

Current Principal Place of Business:

4325 BIRDSONG BLVD
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

4325 BIRDSONG BLVD
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-2867783 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MAGGART, KENNETH
4325 BIRDSONG BLVD
LUTZ, FL 33559 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KNOUSE, STEVEN
Address: POB 3096
City-St-Zip: BELLEVIEW, FL 34421

Title: SD () Delete
Name: ANGELL, MIKE
Address: 9254 SE 110TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: V () Delete
Name: BAKER, JON
Address: 910 ALBRITTON WAY
City-St-Zip: LAKE WALES, FL 33859

Title: T () Delete
Name: MAGGART, KENNETH
Address: 4325 BIRDSONG BLVD
City-St-Zip: LUTZ, FL 33559

Title: D () Delete
Name: DECKER, SHELLY
Address: 357 NE WILLOW RUN WAY
City-St-Zip: PINETTA, FL 32350

Title: D () Delete
Name: STALLARD, NORMAN
Address: 3506 JOHIO SHORES DR
City-St-Zip: OCOEE, FL 347618607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BAKER, JON
Address: 910 ALBRITTON WAY
City-St-Zip: LAKE WALES, FL 33859

Title: VP (X) Change () Addition
Name: ANGELL, MIKE
Address: 9254 SE 110TH ST
City-St-Zip: BELLEVIEW, FL 34420

Title: SD (X) Change () Addition
Name: DECKER, ESTHER
Address: 357 NE WILLOWRUN WAY
City-St-Zip: PINETTA, FL 32350

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH MAGGART

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05/05/2008

Electronic Signature of Signing Officer or Director

Date