

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718340

FILED  
Apr 15, 2009  
Secretary of State

**Entity Name:** FLORIDA SKYLINERS OF MIAMI, INC.

**Current Principal Place of Business:**

SOUTH FLORIDA  
MIAMI, FL 33283

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 832401  
MIAMI, FL 33283

**New Mailing Address:**

**FEI Number:** 65-0022190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TWIGG, DAVID  
8951 SW 60 TERRACE  
MIAMI, FL 33173 US

**Name and Address of New Registered Agent:**

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: CLARK, ROGER  
Address: 113 PIRATES DR  
City-St-Zip: KEY LARGO, FL 33037

Title: FVP ( ) Delete  
Name: BOGGS, CLARK  
Address: 113 PIRATES DR  
City-St-Zip: KEY LARGO, FL 33037

Title: TRE (X) Delete  
Name: MOORHEAD, PAMELA  
Address: 7865 SW 106 AVE  
City-St-Zip: MIAMI, FL 33173

Title: E ( ) Delete  
Name: LARIMORE, MICHAEL  
Address: 61 SAMANA DR  
City-St-Zip: MIAMI, FL 33133

Title: T ( ) Delete  
Name: TWIGG, DAVID  
Address: 8951 SW 60 TERRACE  
City-St-Zip: MIAMI, FL 33173

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

Title: T (X) Change ( ) Addition  
Name: LARIMORE, MICHAEL  
Address: 61 SAMANA DR  
City-St-Zip: MIAMI, FL 33133

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: MICHAEL LARIMORE

T

04/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date