

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722935

FILED
Jan 22, 2007
Secretary of State

Entity Name: FLORIDA AVIATION TRADES ASSOCIATION, INC.

Current Principal Place of Business:

4685 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

4685 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 65-0032480 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAEBURN, PAULA
4685 LONGBOW DRIVE
TITUSVILLE, FL 32796 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: D () Delete
Name: RAEBURN, PAULA
Address: 4685 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: P () Delete
Name: HUNT, JOHN
Address: 3256 CAPITAL CIRCLE SW
City-St-Zip: TALLAHASSEE, FL 32310

Title: D () Delete
Name: KEN, STACKPOOLE
Address: 600 S. CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VP () Delete
Name: SLINGLUFF, MICHAEL
Address: 4900 US 1 NORTH SUITE 100
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: D () Delete
Name: DAVI, KEN
Address: 900 SOUTH FEDERAL HIGHWAY, SUITE 309
City-St-Zip: STUART, FL 34994

Title: T () Delete
Name: MCLEAN, TERI
Address: 900 SOUTH FEDERAL HIGHWAY, SUITE 309
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: P (X) Change () Addition
Name: SLINGLUFF, MICHAEL
Address: 4900 US 1 NOERH
City-St-Zip: ST. AUGUSTINE, FL 32095

Title: VP (X) Change () Addition
Name: ALLEN, DAVID
Address: 4215 LINDY CIRCLE
City-St-Zip: ORLANDO, FL 32827

Title: D (X) Change () Addition
Name: GRANT, ROBERT
Address: S-1500 PERIMETER ROAD
City-St-Zip: WEST PALM BEACH, FL 33406

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 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: PAULA J RAEBURN

D

01/22/2007

Electronic Signature of Signing Officer or Director

_____ Date