

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 745212

FILED  
Jan 05, 2008  
Secretary of State

Entity Name: FLORIDA AERO CLUB, INC.

**Current Principal Place of Business:**

2010 NW 114 AVENUE  
PEMBROKE PINES, FL 33026 US

**New Principal Place of Business:**

**Current Mailing Address:**

2010 NW 114 AVENUE  
PEMBROKE PINES, FL 33026 US

**New Mailing Address:**

FEI Number: 23-7332348

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INGLIMA, THOMAS  
2010 NW 114 AVENUE  
PEMBROKE PINES, FL 33026 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: TD ( ) Delete  
Name: INGLIMA, THOMAS C  
Address: 2010 NW 114 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 330236

Title: PD ( ) Delete  
Name: RESTAINO, ANTHONY  
Address: 8550 NW 24TH CT  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VD ( ) Delete  
Name: REISKIN, HERB  
Address: 1528 RODMAN ST  
City-St-Zip: HOLLYWOOD, FL 33020

Title: SD ( ) Delete  
Name: WHITTLE, HARRY  
Address: 1239 NW 16TH ST.  
City-St-Zip: BOCA RATON, FL 33486

Title: CD ( ) Delete  
Name: SCROGGINS, JAMES  
Address: 6245 FLAGLER ST  
City-St-Zip: HOLLYWOOD, FL 33023

**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: ( ) 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: THOMAS C. INGLIMA

TD

01/05/2008

Electronic Signature of Signing Officer or Director

Date