

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 764264

1. Entity Name
ORDER OF DAEDALIANS, 6TH FLIGHT (SPACE), INC.



Principal Place of Business
230 GREENWAY AVENUE
P O BOX 4182
PATRICK AFB, FL 32925

Mailing Address
230 GREENWAY AVENUE
P O BOX 4182
PATRICK AFB, FL 32925



01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2353315

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALEXANDER, JAMES D
1040 MAYFLOWER AVE
MELBOURNE, FL 32940

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

James Alexander

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/6/06

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	ALEXANDER, JAMES D
STREET ADDRESS	1090 MAYFLOWER AVE
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	STERLING, EUGENE B
STREET ADDRESS	10620 S TROPICAL TRAIL
CITY-ST-ZIP	MERRITT ISLAND, FL 00000,
TITLE	D
NAME	JAQROWSKI, JERRY
STREET ADDRESS	884 SPANISH WELLS
CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	D
NAME	BURKE, MARIUS
STREET ADDRESS	1940 GATES RD
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	D
NAME	JONES, MARVIN
STREET ADDRESS	175 STEWART DR
CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000380732
01/11/06-80024-022 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE.

James Alexander