

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90096 031 ****61.25

DOCUMENT # 764264

1. Entity Name

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



Principal Place of Business

Mailing Address

230 GREENWAY AVENUE
P O BOX 4182
PATRICK AFB FL 32925

230 GREENWAY AVENUE
P O BOX 4182
PATRICK AFB FL 32925

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2353315

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALEXANDER, JAMES D
1040 MAYFLOWER AVE
MELBOURNE FL 32940

Name

HARRY J. PAWLAK

Street Address (P.O. Box Number is Not Acceptable)

748 ATLANTIC DR

City

SATELLITE BEACH

FL

Zip Code

32937

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

[Signature]

HARRY J. PAWLAK

JAN 26, 07

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: T
NAME: ALEXANDER, JAMES D
STREET ADDRESS: 1090 MAYFLOWER AVE
CITY-ST-ZIP: MELBOURNE FL 32940 ☒ Delete

TITLE: FLIGHT CAPTAIN
NAME: HOWARD PECKHAM
STREET ADDRESS: 967 OSPREY DR
CITY-ST-ZIP: MELBOURNE FL 32940 ☐ Change ☒ Addition

TITLE: D
NAME: STERLING, EUGENE B
STREET ADDRESS: 10620 S TROPICAL TRAIL
CITY-ST-ZIP: MERRITT ISLAND, FL 00000 ☒ Delete

TITLE: DIRECTOR
NAME: HARRY PAWLAK
STREET ADDRESS: 748 ATLANTIC DR
CITY-ST-ZIP: SATELLITE BEACH FL 32937 ☐ Change ☒ Addition

TITLE: D
NAME: JACROWSKI, JERRY
STREET ADDRESS: 884 SPANISH WELLS
CITY-ST-ZIP: MELBOURNE FL 32940 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE: D
NAME: BURKE, MARIUS
STREET ADDRESS: 1940 GATES RD
CITY-ST-ZIP: MERRITT ISLAND FL 32952 ☒ Delete

TITLE: DIRECTOR
NAME: BILL CLARKE
STREET ADDRESS: 237 BIMINI RD
CITY-ST-ZIP: COCOA BEACH FL 32931 ☐ Change ☒ Addition

TITLE: D
NAME: JONES, MARVIN
STREET ADDRESS: 175 STEWART DR
CITY-ST-ZIP: MERRITT ISLAND FL 32952 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

HARRY J. PAWLAK JAN 26, 07 321-777-8715