2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000672

Address:

City-St-Zip:

Hit Name: SEADLANE DILOTS ASSOCIATION

FILED Jun 27, 2009 Secretary of State

Entity Na	me: SEAPLANE PILOTS ASSOCIATION	, INC.
Current Principal Place of Business:		New Principal Place of Business:
	D BOULEVARD D, FL 33811	
Current Mailing Address:		New Mailing Address:
	D BOULEVARD D, FL 33811	
In accordan	: 22-2045876 FEI Number Applied For () nce with s. 607.193(2)(b), F.S., the corporation d d Address of Current Registered Agent	•
MCMANU 3859 LAIR LAKELAN	S, JAMES F PD BLVD. D, FL 33811 US	
	e named entity submits this statement for t e of Florida.	ne purpose of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	PRES () Delete ALLEN, TELFORD 154 MAINE AVENUE BANGOR, ME 04401	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	VP () Delete WINDUS, WALTER 12681 SARATOGA CREEK DRIVE SARATOGA, CA 95070	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	TRES () Delete J.J., FREY 1693 STARLING DRIVE SARASOTA, FL 34231	Title: TRES (X) Change () Addition Name: RICHARDSON, GORDON Address: PO BOX 667 City-St-Zip: CALDWELL, TX 77836
Title: Name: Address: City-St-Zip:	CHMN () Delete HINMAN, JR., HENRY J 3979 HIDDEN RIVER ROAD SARASOTA, FL 34240	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	() Delete	Title: SECY () Change (X) Addition Name: BROOKS. TIM

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.

Address:

City-St-Zip:

PO BOX 82064

KENMORE, WA 98028

SIGNATURE: JAMES F. MCMANUS RA 06/27/2009