2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001518

FILED Apr 04, 2004 Secretary of State

Entity Name: NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
2420 VILLA VERA DR. ARLINGTON, TX 76017					
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
2420 VILLA VERA DR. ARLINGTON, TX 76017					
FEI Number:	75-2556496	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
KLEINE, CATHY 3810 ENGLISH COLONY DR. JACKSONVILLE, FL 32257 US					
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 Agen	t	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () [MEACHUM, DAR 2420 VILLA VER ARLINGTON, TX	A DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () [GILBERT, TRISH 23207 GOLDENS SPRING, TX		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	S () I COOPER, ANGE 23205 GOLDENS SPRING, TX		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	T () [MENDEL, MARLI PO BOX 121105 ARLINGTON, TX		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	V ()[MEACHUM, CATI 2420 VILLA VER ARLINGTON, TX	A DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () I OWENS, ERIC PO BOX 121105 ARLINNGTON, T		Title: Name: Address: City-St-Zip:	() Change () Addition	
I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CATHY MEACHUM VP 04/04/2004