

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # F01000002287**

1. Entity Name

WOMEN IN AVIATION INTERNATIONAL, INC.



Principal Place of Business

101 CORSAIR DR.  
DAYTONA BEACH FL 32114

Mailing Address

PO BOX 11287  
DAYTONA BEACH FL 32120-1287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

37-1279395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHABRIAN, PEGGY  
101 CORSAIR DR.  
DAYTONA BEACH FL 32114

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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

TITLE: PCO  
NAME: CHABRIAN, PEGGY  
STREET ADDRESS: 101 CORSAIR DR.  
CITY-ST-ZIP: DAYTONA BEACH FL 32114 ☐ Delete

TITLE: V  
NAME: ANDERSON, SANDY  
STREET ADDRESS: 9245 POPLAR AVE. STE. #8  
CITY-ST-ZIP: GERMANTOWN TN 38138 ☐ Delete

TITLE: S  
NAME: MARTIN-NAGLE, RENEE  
STREET ADDRESS: 136 VAN BUREN ST., #300  
CITY-ST-ZIP: HERNDON VA 20170 ☐ Delete

TITLE: T  
NAME: KOENIG, DICK  
STREET ADDRESS: FLYING MAGAZINE - 500 WEST PUTNAM AVE.  
CITY-ST-ZIP: GREENWICH CT 06830 ☐ Delete

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition  
NAME: 000000067865  
STREET ADDRESS: 02/27/04-80009-003 61.25  
CITY-ST-ZIP:

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

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Peggy Chabrian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/2004

Date

(386) 226-7996

Daytime Phone #