

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003257

FILED
Jan 09, 2009
Secretary of State

Entity Name: AVIATION EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

5951 S. MIDDLEFIELD ROAD
SUITE 105
LITTLETON, CO 80123

New Principal Place of Business:

Current Mailing Address:

5951 S. MIDDLEFIELD ROAD
SUITE 105
LITTLETON, CO 80123

New Mailing Address:

FEI Number: 20-1647297

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AHEARN, CHARLES J
100 AVIATION DRIVE SOUTH
SUITE 203
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

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 Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RAY, JAMES C
Address: 100 AVIATION DRIVE SOUTH, SUITE 203
City-St-Zip: NAPLES, FL 34104

Title: COB () Delete
Name: RAY, JAMES C
Address: 100 AVIATION DRIVE SOUTH, SUITE 203
City-St-Zip: NAPLES, FL 34104

Title: VSD () Delete
Name: AHEARN, CHARLES J
Address: 100 AVIATION DRIVE SOUTH, SUITE 100
City-St-Zip: NAPLES, FL 34104

Title: TD () Delete
Name: TEMPAS, JEFFERY J
Address: 5951 S. MIDDLEFIELD ROAD, SUITE 105
City-St-Zip: LITTLETON, CO 80123

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES J. AHEARN

VSD

01/09/2009

Electronic Signature of Signing Officer or Director

Date