

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001438

FILED
Jan 14, 2009
Secretary of State

Entity Name: ARMY AVIATION HERITAGE FOUNDATION AND MUSEUM, INC.

Current Principal Place of Business:

410 VANDERWALL
PEACHTREE CITY, GA 302693335

New Principal Place of Business:

506 SPEEDWAY BLVD
HAMPTON, GA 30228 US

Current Mailing Address:

410 VANDERWALL
PEACHTREE CITY, GA 302693335

New Mailing Address:

506 SPEEDWAY BLVD
HAMPTON, GA 30228 US

FEI Number: 59-3453545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C () Delete
Name: JONES, ANTHONY R LTG
Address: 556 LEXINGTON LANDING
City-St-Zip: SAINT CHARLES, MO 63303

Title: D () Delete
Name: BRADY, MORRIS J MG
Address: 2177 CEDARFIELD LANE
City-St-Zip: RICHMOND, VA 23233

Title: D () Delete
Name: MACMILLAN, RICHARD JR, MG
Address: 531 JEFFERSON CIRCLE
City-St-Zip: ATLANTA, GA 30328

Title: PD () Delete
Name: BRADY, MICHAEL J
Address: 410 VANDERWALL
City-St-Zip: PEACHTREE CITY, GA 302693335

Title: V () Delete
Name: WOODWARD, JOHN
Address: 1101 GRAND OAKS GLEN
City-St-Zip: MARIETTA, GA 30064

Title: V (X) Delete
Name: MAYNARD, LEE
Address: 1710 RIVEREDGE ROAD
City-St-Zip: OVIEDO, FL 32766

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:

Title: V (X) Change () Addition
Name: ELKINS, SHANDA
Address: 257 SANDSTONE DR
City-St-Zip: HAMPTON, GA 30228

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: SHANDA ELKINS

V

01/14/2009

Electronic Signature of Signing Officer or Director

Date