

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000002631

FILED
Jan 23, 2007
Secretary of State

Entity Name: FLYING PHYSICIANS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 677427
ORLANDO, FL 32867

New Principal Place of Business:

4657 N FORT CHRISTMAS ROAD
CHRISTMAS, FL 32709

Current Mailing Address:

P.O. BOX 677427
ORLANDO, FL 32867

New Mailing Address:

FEI Number: 36-2582605 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NODECKER, PATRICIA A
4657 N FORT CHRISTMAS ROAD
CHRISTMAS, FL 32709 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SONES, PETER
Address: 1026 CLIFTON RD
City-St-Zip: ATLANTA, GA 30307

Title: P () Delete
Name: BROWNING, FRANK
Address: 1830 WRIGHT DR
City-St-Zip: DAYTONA BEACH, FL 32128

Title: PP () Delete
Name: SCHRECKENGAUST, ROBERT
Address: 743 JEFFERSON AVE.
City-St-Zip: SCRANTON, PA 18501

Title: PP () Delete
Name: GAHAGAN, LAWRENCE
Address: 3613 COLGATE AVE
City-St-Zip: DALLAS, TX

Title: D () Delete
Name: NODECKER, PATRICIA A
Address: 4657 N FORT CHRISTMAS ROAD
City-St-Zip: CHRISTMAS, FL 32709

Title: D () Delete
Name: RENOLLET, HAROLD
Address: 8639 OLIVEWOOD COURT
City-St-Zip: FAIR OAKS, CA 95628

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change () Addition
Name: SONES, PETER
Address: 1026 CLIFTON RD
City-St-Zip: ATLANTA, GA 30307

Title: P (X) Change () Addition
Name: STEPHEN, TOWLE
Address: 2401 DEERWOOD LANE
City-St-Zip: COOK, MN 55723

Title: PE (X) Change () Addition
Name: BARTLETT, PETER
Address: 2764 WEST ROBINWOOD
City-St-Zip: FRESNO, CA 93711

Title: TREA (X) Change () Addition
Name: HUNT, JOHN
Address: 703 N FANT ST
City-St-Zip: ANDERSON, SC 29621

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA A. NODECKER

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date