

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H49799

FILED
Sep 02, 2009
Secretary of State

Entity Name: TAMPA AVIATION CLUB, INC.

Current Principal Place of Business:

5403 WINHAWK WAY
ATTN: WM. ILER
LUTZ, FL 335588048

New Principal Place of Business:

13102 N FLORIDA AVE
ATTN: ART CUPPS
TAMPA, FL 33612

Current Mailing Address:

5403 WINHAWK WAY
ATTN: WM. ILER
LUTZ, FL 335588048

New Mailing Address:

13102 N FLORIDA AVE
TAMPA, FL 33612

FEI Number: 59-2535145

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, MARK P ESQ
4600 WEST CYPRESS STREET
SUITE 500
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

CUPPS, ART ESQ
13102 N FLORIDA AVE
TAMPA, FL 33612 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: ART CUPPS VP

09/02/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAM, ILER B
Address: 13102 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

Title: VPD () Delete
Name: GALLIZZI, PAUL
Address: 12407 N FLORIDA AVENUE
City-St-Zip: TAMPA, FL 33612

Title: SD (X) Delete
Name: KELLY, MARK P
Address: 4600 W CYPRESS ST, STE 500
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: COLLIER, GEORGE
Address: 2417 ARBORWOOD DRIVE
City-St-Zip: VALRICO, FL 33594

Title: D () Delete
Name: THOMETZ, BRIAN DOUGLAS
Address: 10913 CAROLLWOOD DR
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: CUPPS, ART
Address: 13102 N FLORIDA AVE
City-St-Zip: TAMPA, FL 33612

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

SIGNATURE: ART CUPPS

VP

09/02/2009

Electronic Signature of Signing Officer or Director

Date