2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N00000000757

Entity Name: LO AND SLO FLYERS OF SOUTH WEST FLORIDA, INCORPORATED

Current Principal Place of Business:

1828 SCARBEROUGH TRAIL
PORT CHARLOTTE, FL 33980

New Principal Place of Business:

1828 SCARBOROUGH TRAIL
PORT CHARLOTTE, FL 33980

Current Mailing Address:

1828 SCARBEROUGH TRAIL
PORT CHARLOTTE, FL 33980

New Mailing Address:

1828 SCARBOROUGH TRAIL
PORT CHARLOTTE, FL 33980

FEI Number: 31-1689859 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RANZ, WARREN A
3115 SCENIC VIEW DR
PUNTA GORDA, FL 33950 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: TD ( ) Delete
Name: MILEY, BETH
Address: 1828 SCARBOROUGH TR
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: VD ( ) Delete
Name: REID, BOB
Address: 805 MIRAMAR CT
City-St-Zip: CAPE CORAL, FL 33904

Title: PD ( ) Delete
Name: SMITH, JEFFREY
Address: 3624 PINE OAK CIR # 108
City-St-Zip: FORT MYERS, FL 33916

Title: SD ( ) Delete
Name: HATFIELD, PATRICIA
Address: 215 BELAIRE CT
City-St-Zip: PUNTA GORDA, FL 33950

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: BETH MILEY TD 04/02/2009

Electronic Signature of Signing Officer or Director — Date