

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006528

FILED
Jan 16, 2009
Secretary of State

Entity Name: CONSORTIUM FOR AVIATION SYSTEM ADVANCEMENT, INC.

Current Principal Place of Business:

4685 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Principal Place of Business:

Current Mailing Address:

4685 LONGBOW DRIVE
TITUSVILLE, FL 32796

New Mailing Address:

FEI Number: 59-3678170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WABLER, RAYMOND C
4685 LONGBOW DRIVE
TITUSVILLE, FL 32796 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: O () Delete
Name: STACKPOOLE, KENNETH DR.
Address: 150 W. UNIVERSITY BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D () Delete
Name: SRKAL, MILO MR.
Address: 3651 FAU BLVD #200
City-St-Zip: BOCA RATON, FL 33431

Title: O () Delete
Name: RAEBURN, PAULA MS.
Address: 4685 LONGBOW DRIVE
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: DYMERSKI, DERIC MR.
Address: 825 SEVERN AVE.
City-St-Zip: TAMPA, FL 33606

Title: D () Delete
Name: BAKER, COLEEN MS.
Address: 501 DANLEY DRIVE
City-St-Zip: FT. MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: VANRIPER, ROBERT MR.
Address: 3256 CAPITAL CIRCLE SW
City-St-Zip: TALLAHASSEE, FL 32310

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

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

Title: D (X) Change () Addition
Name: MODYS, PETER MR.
Address: 11000 TERMINAL ACCESS ROAD
City-St-Zip: FT. MYERS, FL 33907

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: PAULA RAEBURN

O

01/16/2009

Electronic Signature of Signing Officer or Director

Date