

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004330

**Entity Name:** AIR AMERICA FOUNDATION INC.**FILED  
Jan 05, 2004  
Secretary of State****Current Principal Place of Business:**1589 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904 US**New Principal Place of Business:****Current Mailing Address:**1589 S. WICKHAM RD.  
WEST MELBOURNE, FL 32904 US**New Mailing Address:**

FEI Number: 59-3754185

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**LUSK, RONNY W  
341 MONTEGO ST.  
DELTONA, FL 32725 US**Name and Address of New Registered Agent:**PIERCE, MARILYN S  
7500 21ST ST. NORTH  
ST PETERSBURG, FL 33702 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: MARILYN S. PIERCE

01/05/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: VD ( ) Delete  
Name: LUSK, RONNY W  
Address: 341 MONTEGO ST.  
City-St-Zip: DELTONA, FL 32725 USTitle: PD ( ) Delete  
Name: VASCONI, PAUL A  
Address: 941 PENELOPE AVENUE NE  
City-St-Zip: PALM BAY, FL 32904 USTitle: STD ( ) Delete  
Name: PIERCE, MARILYN S.  
Address: 7500 21ST STREET NORTH  
City-St-Zip: ST. PETERSBURG, FL 33702 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: VD (X) Change ( ) Addition  
Name: WATSON, RICHARD  
Address: 983 COUNTY RD 700 E  
City-St-Zip: NEOGA, IL 62447 USTitle: ( ) 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 Section 119.07(3)(i), 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: PAUL A. VASCONI

PD

01/05/2004

Electronic Signature of Signing Officer or Director

Date