2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 16, 2009
Secretary of State

DOCUMENT# N01000004330

Entity Name: AIR AMERICA FOUNDATION INC.

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

Name and Address of Current Registered Agent:

PIERCE, MARILYN S
7500 21ST ST. NORTH
ST PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

VASCONI, PAUL A
1589 S WICKHAM RD
WEST MELBOURNE, FL 32904 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: PAUL A. VASCONI 06/16/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: SIMON, GEORGE
Address: 165 CHARLES ST.
City-St-Zip: BRIDGE CITY, TX 77611 US

Title: PD ( ) Delete
Name: VASCONI, PAUL A
Address: 941 PENELOPE AVENUE NE
City-St-Zip: PALM BAY, FL 32904 US

Title: 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: ( ) 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: PAUL A. VASCONI PD 06/16/2009
Electronic Signature of Signing Officer or Director Date