

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004496

FILED
Apr 27, 2009
Secretary of State

Entity Name: NATIONAL ASSOCIATION OF AEROSPACE TECHNICIANS, INC.

Current Principal Place of Business:

NAAT
MAIL CODE: SPACETEC
KENNEDY SPACE CENTER, FL 32899 US

New Principal Place of Business:

Current Mailing Address:

NAAT
P. O. BOX 21264
KENNEDY SPACE CENTER, FL 32815 US

New Mailing Address:

FEI Number: 01-0685395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARGIOTTA, SALVADOR F
39 BARTON AVE
ROCKLEDGE, FL 32955 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: PD () Delete
Name: MARGIOTTA, SALVADOR F
Address: 39 BARTON AVENUE
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VD () Delete
Name: CURTIS, JUANITA
Address: 2600 CLEARLAKE RD, APT. 10C
City-St-Zip: COCOA, FL 32927 US

Title: SD () Delete
Name: KOLLER, ALBERT M JR.
Address: 2645 ROYAL OAK DRIVE
City-St-Zip: TITUSVILLE, FL 32780 US

Title: VD () Delete
Name: HEARD, MARSHALL
Address: 620 APACHE TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953

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: FRANK MARGIOTTA

D

04/27/2009

Electronic Signature of Signing Officer or Director

Date