

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90450 007 \*\*\*\*61.25

**DOCUMENT # N01000006372**

1. Entity Name

WAKULLA COUNTY AIRPORT ASSOCIATION, INC.



Principal Place of Business

34 MONOCOUPPE CIRCLE  
PANACEA FL 32346

Mailing Address

P.O. BOX 566  
CRAWFORDVILLE FL 32327

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CARTER, MIKE  
3047 CRAWFORDVILLE HWY.  
CRAWFORDVILLE FL 32327

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SHILLING, ROGER D 34 MONO COUPE CIRCLE PANACEA FL 32346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/O ASHLEY, REGIE 125 TARPINE DRIVE PANACEA FL 32346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D HARBISON, TIM 2355 SURF ROAD PANACEA FL 32346	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D PEAVY, TRACY 45 MONO COUPE CIRCLE PANACEA FL 32346	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YON, PEYTON 399 WAKULLA ARRAN RD CRAWFORDVILLE FL 32327	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. PERS. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>Delaney</del> Peavy, Delacy 45 monocoupe Circle Panacea, FL. 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mullis, Don 99 Monocoupe Circle Panacea, FL. 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V/O
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Shilling, Ana 34 monocoupe Circle Panacea, FL. 32346	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T/D
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Oran Shilling* *ANA N. Shilling*

5/1/04

850 984 0590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #