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

## DOCUMENT # N0100006372

Principal Place of Business  34 MONOCOUPE CIRCLE PANACEA FL 32346  P.O. BOX 566 CRAWFORDVILLE FL 32327  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  MOORE  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  Name  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of The State	Entity Name     WAKULLA COL	05-10-20					
2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Country  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City  CRAWFORDVILLE FL 32327	Principal Place of Busi	iness	Mailing Address	Mailing Address			
Suite, Apt. #, etc.  Suite, Apt. #, etc.  MOORE  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desire  6. Name and Address of Current Registered Agent  Name  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327							
City & State  City & State  City & State  City & State  4. FEI Number O1-0628  Country  5. Certificate of Status Desire For Name and Address of Current Registered Agent  Name  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City	2. Principal Place of 8	Business	3. Mailing Address	3. Mailing Address			
Zip Country Zip Country 5. Certificate of Status Desire  6. Name and Address of Current Registered Agent 7. Name and Address of Name  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			
6. Name and Address of Current Registered Agent  7. Name and Address of New Name  CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City	City & State		City & State	City & State			
CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City	Zip	Country	Zip	Country	5. Certificate of Status Desire		
CARTER, MIKE 3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City	6. N		7. Name and Address of Ne				
3047 CRAWFORDVILLE HWY. CRAWFORDVILLE FL 32327  City							
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				City			
	8. The above named	entity submits this statem	ent for the purpose of changir	g its registered office or registe	red agent, or both, in the State of		

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

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WAKULLA COUNTY AIRPORT ASSOCIATION, INC.							.5 10 200 1	,	01.2	
Principal Place of Business Mailing Address  34 MONOCOUPE CIRCLE P.O. BOX 566 PANACEA FL 32346 CRAWFORDVILLE FL 32			327			f.,	<b>40100</b>	Ι'n		
Principal Place of Business     3. Mailing Address										
Suite, Apt	#, etc.	Suite, Apt. #, etc.				MOORE CR2E037 (11/03)				
City & State	3	City & State				4. FEI Number	01-062872	9	<b>⊢</b>	plied For t Applicable
Zip	Country	Zip		Country		5. Certificate of S			\$8.75 Add	itional
	6. Name and Address of Current	Registere	d Agent	1	<u></u> .	7. Name and Ad	dress of New	Registered A	gent	
				Name		-				
CARTER, MIKE 3047 CRAWFORDVILLE HWY.			Street A	Street Address (P.O. Box Number is Not Acceptable)						
CRA	WFORDVILLE FL 32327									Ì
				City				FL	Zip Code	e
	named entity submits this statement fo ons of registered agent.	or the purpo	ose of changing its re	gistered office o	r register	red agent, or both, in	n the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE -								DATE	<del>.</del>	
	Signature, typed or printed name of registered agent	and tille if app	icable. (NOTE: H	legistered Agent signat	rite required	when reinstating)	Total Delice Section (Sec		erina garanta a san	
0.00 J	FILE NOW: FEE IS \$61.25 Due By May 1, 2004		<ol><li>Election Camp Trust Fund Cor</li></ol>			\$5.00 May Be Added to Fees		ake Check ida Depart		
10.	OFFICERS AND DI	RECTORS		11.	0085V	ADDITIONS/CHANG	SES TO OFFIC	ERS AND DIF	RECTORS IN	10
FITLE	P/D		□ Delete	TITLE		Pear	vy, De	lacy	Change	☐ Addition
NAME	SHILLING, ROGER D 34 MONO COUPE CIRCLE			NAME	45	monoca	ouse C	iecle		
STREET ADDRESS CITY - ST - ZIP	PANACEA FL 32346			STREET ADDRESS CITY-ST-ZIP		monoca nacea, F			P/I	>
TITLE	V/O ASHLEY, REGIE		Delete	TITLE	MU	Monocoup	3		<b>Change</b>	Addition
NAME	125 TARPINE DRIVE			NAME	99	Monocoup	e Grci	٤.	1	
STREET ADDRESS City-St-Zip	PANACEA FL 32346			STREET ADDRESS CITY-ST-ZIP		acea, FL.			4/0	
IIITE	T/D HARBISON,-TIM		Delete	TITLE	T Th	illing, Ar			Change	Addition
NAME Street address	2355 SURF ROAD	-	·	NAME	20	monocoupe	Ciecle		- 1	
CITY-ST-ZIP	PANACEA FL 32346			CITY-ST-ZIP		acea, FL.		م.	T/	<b>リ</b>
ME	S/D		Delete -	TITLE		,		<u> </u>	☐ Change	Addition
NAME	PEAVY, TRACY 45 MONO COUPE CIRCLE			NAME						
STREET ADDRESS City-St-Zip	PANACEA FL 32346			STREET ADDRESS CITY-ST-ZIP						
TITLE	D	·		TITLE	<del> </del>				☐ Change	☐ Addition
NAME	YON, PEYTON		esp.	NAME						
STREET ADDRESS City-St-Zip	399 WAKULLA ARRAN RD CRAWFORDVILLE FL 32327			STREET ADDRESS CITY-ST-ZIP						
TITLE			☐ Delete	TITLE	<b></b>				☐ Change	Addition
name Street address				NAME STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP						
12 I hereby 6	certify that the information supplied with	h this filing	door not qualify for th	a evemption eta	tod in Sa	retion 110.07/3)(i). 6	larida Statutos	i further cor	lifu that the is	formation

OTHER DE

Principles of the compound of the information supplied with this little 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 attackment with an address, with all other like empowered.