

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000004573

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Entity Name:** BOEING FORT WALTON BEACH LEADERSHIP ASSOCIATION, INC.

**Current Principal Place of Business:**

626 ANCHORS STREET  
FT. WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

626 ANCHORS STREET  
FT. WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 59-3142633

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLEY, PAUL R  
96 FORSMAN  
FORT WALTON BCH, FL 32548 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:** VPF  
**Name:** WILLEY, PAUL R  
**Address:** 96 FORSMAN  
**City-St-Zip:** FORT WALTON BCH, FL 32548

**Title:** PRES  
**Name:** SCHNEIDER, LYNN  
**Address:** 626 ANCHORS ST  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** VPP  
**Name:** ROLLINS, ROCK  
**Address:** 96 FORSMAN  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**Title:** VPC  
**Name:** PRESCOTT, JAMES B  
**Address:** 96 FORSMAN  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

I hereby 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 all other like empowered.

**SIGNATURE:** PAUL R. WILLEY

VPF

03/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date