

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N02000006128

1. Entity Name
FRIENDS OF THE AIRPORT, INC.



Principal Place of Business
**C/O THE BROWARD ALLIANCE
110 EAST BROWARD BLVD, STE. 1990
FORT LAUDERDALE, FL 33301**

Mailing Address
**C/O THE BROWARD ALLIANCE
110 EAST BROWARD BLVD, STE. 1990
FORT LAUDERDALE, FL 33301**



01092008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TARLTON, JAMES P CEO
110 EAST BROWARD BOULEVARD
SUITE 1990
FORT LAUDERDALE, FL 33301**

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U00000788414
01/18/08-80039-024 70.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
POLLOCK, CHRISTOPHER
1850 SE 17TH STREET CAUSEWAY, #108
FORT LAUDERDALE, FL 33316**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VC
STILES, TERRY
300 SE 2ND STREET
FT LAUDERDALE, FL 33301**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

1/14/08

Date

Daytime Phone #