

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008186

FILED
Apr 01, 2008
Secretary of State

Entity Name: SEMINOLE SEABIRDS, EAA ULTRALIGHT CHAPTER #120, INC.

Current Principal Place of Business:

419 HARBOR DRIVE SOUTH
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

419 HARBOR DRIVE SOUTH
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 16-1636111

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, STEVEN B
419 HARBOR DRIVE SOUTH
INDIAN ROCKS BEACH, FL 33785 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: P () Delete
Name: COHEN, STEVEN B
Address: 419 HARBOR DR S.
City-St-Zip: INDIAN ROCKS BEACH, FL 33716

Title: VP () Delete
Name: KLEIN, PHILLIP
Address: 10140 117TH PL
City-St-Zip: LARGO, FL 33773

Title: TD () Delete
Name: WEST, BRADFORD
Address: 11104 HARBORSIDE DR
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: COHEN, STEVEN B
Address: 419 HARBOR DRIVE SOUTH
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

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: STEVEN B. COHEN

PRES

04/01/2008

Electronic Signature of Signing Officer or Director

Date