

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90208 020 ****61.25

66423310



04212004 Chg-NP CR2E037 (10/03)

DOCUMENT # N03000000034					
1. Entity Name FOUNDATION FOR ELECTRIC AVIATION TRANSPORTATION, INC.					
Principal Place of Business 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407			Mailing Address 4420 BEACON CIRCLE WEST PALM BEACH, FL 33407		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0384443	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WARD, PHILIP H III, ESQ 4420 BEACON CIRCLE WARD DAMON & POSNER, P.A. WEST PALM BEACH, FL 33407			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	KNAUER, LARRY	NAME			
STREET ADDRESS	4420 BEACON CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	CRIPPEN, ROBERT	NAME			
STREET ADDRESS	4420 BEACON CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	WARD, PHILIP H III	NAME			
STREET ADDRESS	4420 BEACON CIRCLE	STREET ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH, FL 33407	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 		Date: April 26 2004 561 Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Philip H. Ward III, D.					