2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000000034

1. Entity Name
FOUNDATION FOR ELECTRIC AVIATION TRANSPORTATION, INC.

Principal Place of Business	Mailing Address
4420 BEACON CIRCLE WEST PALM BEACH, FL 33407	4420 BEACON CIRCLE WEST PALM BEACH, FL 33407

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03222005 No Chg-NP CR2E037 (10/03)

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

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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, 2005

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KNAUER, LARRY
STREET ADDRESS	4420 BEACON CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	CRIPPEN, ROBERT
STREET ADDRESS	4420 BEACON CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	D
NAME	WARD, PHILIP H III
STREET ADDRESS	4420 BEACON CIRCLE
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/27/05-80114-002 61.25

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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: _____ Attorney 4-25-05 561-842-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #