

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90358 007 ****70.00

DOCUMENT # N03000004537						
1. Entity Name ALBERT WHITTED AIRPORT PRESERVATION SOCIETY, INC.						
Principal Place of Business ALBERT WHITTED AIRPORT 451 8TH AVENUE S. E. SAINT PETERSBURG, FL 33701			Mailing Address ALBERT WHITTED AIRPORT 451 8TH AVENUE S.E. SAINT PETERSBURG, FL 33701			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	04232008 Chg-NP CR2E037 (12/06)		
4. FEI Number 60-0004737				Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
GRINER, TERESA 1635 ROYAL PALM DRIVE SOUTH UNIT B GULFPORT, FL 33707			Name Street Address (P.O. Box Number is Not Acceptable) 225- Pasadena Ave N. Unit 2 City St. Petersburg FL Zip Code 33710			
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>			DATE 4/22/08			
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 PD	NAME GRINER, TERESA		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 1635 ROYAL PALM DR., S. UNIT B	GULFPORT, FL 33707		<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	225- Pasadena Ave N. Unit 2 St Petersburg Florida 33710	
CITY - ST - ZIP	address change only		address change only	CITY - ST - ZIP	address change only	
TITLE SD	NAME BYRON, RICHARD DR.		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 8071 SEYMIE ROAD	ST. PETERSBURG, FL 33710		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
CITY - ST - ZIP	address change only		address change only	CITY - ST - ZIP	address change only	
TITLE TD	NAME BYRON, RICHARD DR.		<input type="checkbox"/> Delete	TITLE	NAME	
STREET ADDRESS 8071 SEYMIE ROAD	ST. PETERSBURG, FL 33710		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
CITY - ST - ZIP	address change only		address change only	CITY - ST - ZIP	address change only	
TITLE	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
STREET ADDRESS	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
CITY - ST - ZIP	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
TITLE	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
STREET ADDRESS	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
CITY - ST - ZIP	NAME		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	address change only	
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:			DATE: 4/22/08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DAYTIME PHONE # 727 822-1532 office 727-409-6474 cell			