

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000113

FILED
Feb 02, 2009
Secretary of State

Entity Name: PROFESSIONAL AIR TRAFFIC CONTROLLERS ORGANIZATION, INC.

Current Principal Place of Business:

161 SW WILLOW LAKE TRAIL
STUART, FL 34997 US

New Principal Place of Business:

Current Mailing Address:

161 SW WILLOW LAKE TRAIL
STUART, FL 34997 US

New Mailing Address:

FEI Number: 84-1631969 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, RON L
161 SW WILLOW LAKE TRAIL
STUART, FL 34997 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,D () Delete
Name: TAYLOR, RON L
Address: 161 SW WILLOW LAKE TRAIL
City-St-Zip: STUART, FL 34997 US

Title: V,D () Delete
Name: DWYER, JOHN
Address: 5508 FLAG RUN DRIVE
City-St-Zip: SPRINGFIELD, VA 84780 US

Title: V,D () Delete
Name: LASHBROOK, GARY
Address: P.O. BOX 65012
City-St-Zip: MIAMI, FL 33265 US

Title: V,D () Delete
Name: ROWLAND, JOHN
Address: 111092 CHATHAM ROAD
City-St-Zip: SPENCER, OH 44275 US

Title: STD () Delete
Name: TAYLOR, CAROL A
Address: 161 SW WILLOW LAKE TRAIL
City-St-Zip: STUART, FL 34997 US

Title: V,D () Delete
Name: WOODYARD, JAMES
Address: 10241 BELLEHURST AVENUE
City-St-Zip: WESTMINSTER, CA 92683

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:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V,D (X) Change () Addition
Name: AILES, DAVID
Address: 4214 FAIRWAY DRIVE
City-St-Zip: MAYS LANDING, NJ 08330 US

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: RON TAYLOR

Electronic Signature of Signing Officer or Director

PRES

02/02/2009

Date