

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003414

FILED
Apr 15, 2009
Secretary of State

Entity Name: MELBOURNE AREA PILOTS ASSOCIATION, INC.

Current Principal Place of Business:

1398 MEADOWBROOK ROAD
PALM BAY, FL 32905

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 702
MELBOURNE, FL 32902

New Mailing Address:

FEI Number: 03-0538477

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRASNY, MIKE
787 MALIBU LANE
INDIALANTIC, FL 32903 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: PD () Delete
Name: PEDERSEN, ANDY
Address: 1398 MEADOWBROOK RD
City-St-Zip: PALM BAY, FL 32905

Title: VD () Delete
Name: TERRY, ROBERT
Address: 2281 BROOKSHIRE CIRCLE
City-St-Zip: MELBOURNE, FL 32904

Title: S () Delete
Name: LILES, JILL
Address: 670 SHERIDAN WOODS DR.
City-St-Zip: WEST MELBOURNE, FL 32904

Title: T () Delete
Name: PEIFFER, RICHARD
Address: 860 SPANISH WELL DR
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: CHANCELLOR, D NEAL
Address: 1836 WILLIS STREET
City-St-Zip: PALM BAY, FL 32905

Title: D () Delete
Name: MORRISON, DOUGLAS
Address: 3690 HEARTWOOD LANE
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: LILES, RAY
Address: 670 SHERIDAN WOODS DR.
City-St-Zip: MELBOURNE, FL 32904

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: RICHARD PEIFFER

T

04/15/2009

Electronic Signature of Signing Officer or Director

Date