

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011547

FILED
Apr 30, 2009
Secretary of State

Entity Name: ALBERT WHITTED AIRFEST, INC.

Current Principal Place of Business:

107 8TH AVE. SE
HANGAR 8
SAINT PETERSBURG, FL 337015032

New Principal Place of Business:

Current Mailing Address:

107 8TH AVE. SE
HANGAR 8
SAINT PETERSBURG, FL 337015032

New Mailing Address:

FEI Number: 20-3790397

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARRY L. POTTS, P.A.
13575 58TH STREET NORTH
SUITE 126
CLEARWATER, FL 33760 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: THOMPSON, JAMES D
Address: 522 RIVIERA BAY DRIVE
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VD () Delete
Name: CASTLE, RICHARD
Address: 220 11TH AVENUE N.E.
City-St-Zip: ST. PETERSBURG, FL 33701

Title: SD () Delete
Name: POTTS, GARRY
Address: 13575 58TH STREET N.
City-St-Zip: CLEARWATER, FL 33760

Title: TD () Delete
Name: BOWMAN, JOHN
Address: 1636 1ST AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: D () Delete
Name: CURETON, RICK
Address: 1233 DARLINGTON OAK CIRCLE NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D () Delete
Name: BROWN, CAL
Address: 124 BAY PLAZA
City-St-Zip: TREASURE ISLAND, FL 33706

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
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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: JOHN NEWTON BOWMAN

TR

04/30/2009

Electronic Signature of Signing Officer or Director

Date