

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012385

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FLORIDA AIR MUSEUM, INC.

**Current Principal Place of Business:**

4175 MEDULLA RD  
LAKELAND, FL 33811

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 7670  
LAKELAND, FL 338077670

**New Mailing Address:**

4175 MEDULLA RD  
LAKELAND, FL 33811

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WENDEL, JOHN F  
336 W HIGHLAND DR  
SUITE 4  
LAKELAND, FL 33813 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: CD ( ) Delete  
Name: EICKHOFF, WILLIAM A  
Address: 3522 PINEDALE DRIVE  
City-St-Zip: LAKELAND, FL 33811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WILLIAM A. EICKHOFF

CD

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date