

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012680

**FILED**  
**Jan 18, 2009**  
**Secretary of State**

**Entity Name:** CROSS COUNTRY AIR RACES, INC.

**Current Principal Place of Business:**

1230 S MYRTLE AVENUE SUITE 101  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1230 S MYRTLE AVENUE SUITE 101  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 20-4217354

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUTHRIE, J. M.  
1230 S MYRTLE AVENUE SUITE 101  
CLEARWATER, FL 33756 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: D ( ) Delete  
Name: GUTHRIE, M J  
Address: 1230 S MYRTLE AVENUE SUITE 101  
City-St-Zip: CLEARWATER, FL 33756

Title: D ( ) Delete  
Name: BOWLES, SHELBY  
Address: 11855 HOLLY LANE, SUITE 107  
City-St-Zip: WALDORF, MD 20601

Title: D ( ) Delete  
Name: DAWSON, JOHN  
Address: 3898 CARL PARMER DRIVE  
City-St-Zip: HARRISBURG, NC 28075

**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:

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: J M GUTHRIE

D

01/18/2009

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

\_\_\_\_\_  
Date