

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003332

FILED
Mar 20, 2009
Secretary of State

Entity Name: CRESTVIEW MODEL AVIATORS, CORP

Current Principal Place of Business:

3171 RICHARDSON ROAD
MOSSY HEAD, FL 32539

New Principal Place of Business:

Current Mailing Address:

4568 TOP FLIGHT DRIVE
CRESTVIEW, FL 32539

New Mailing Address:

FEI Number: 20-5789987

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIFFARD, JAMES G
4568 TOP FLIGHT DRIVE
CRESTVIEW, FL 32539 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 () Delete
Name: HAROLD, CLARK
Address: 16 WAYNELL CIRCLE
City-St-Zip: FORT WALTON BEACH, FL 32548 US

Title: VP () Delete
Name: SOWLES, WALTER
Address: 6115 HOLLOWAY
City-St-Zip: BAKER, FL 32531 US

Title: SEC () Delete
Name: PETTY, RICHARD
Address: 339 LUCAS ROAD
City-St-Zip: DEFUNIAK SPRINGS, FL 32433 US

Title: TR () Delete
Name: MCALISTER, JOHN
Address: 1033 CHRISTY DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MCALISTER, BRUCE
Address: 703 CYPRESS DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

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: JAMES G. GIFFARD

RA

03/20/2009

Electronic Signature of Signing Officer or Director

Date