


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 29, 2008 8:00 am
Secretary of State

07-29-2008 90010 016 ****61.25

DOCUMENT # N06000007986 1. Entity Name FLORIDA ASSOCIATION OF FLIGHT INSTRUCTORS, INC							
Principal Place of Business 4827 N LOIS AVE TAMPA, FL 33614			Mailing Address 4827 N LOIS AVE TAMPA, FL 33614				
2. Principal Place of Business - No P.O. Box # 3311 CARIB RD		3. Mailing Address 3311 CARIB RD					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State TAMPA, FL		City & State TAMPA, FL		4. FEI Number 51-0595046			
Zip 33618		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent EVANS, THOMAS M 4827 N LOIS AVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Thomas M Evans</i></u> 07/23/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			Filing Fee is \$61.25 Due by September 12, 2008				
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			\$5.00 May Be Added to Fees		Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, THOMAS M 4827 N LOIS AVE TAMPA, FL 33614			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EVANS, THOMAS M. 3311 CARIB RD TAMPA, FL 33618		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAMEL, WALTER 2704 U.S. HWY 92 WINTER HAVEN, FL 33881			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Thomas M Evans</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 07/23/08		Daytime Phone # 813 935-5533	