2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2009
Secretary of State

DOCUMENT# N06000007986

Entity Name: FLORIDA ASSOCIATION OF FLIGHT INSTRUCTORS, INC

Current Principal Place of Business:

3311 CARIB RD
TAMPA, FL 33618

New Principal Place of Business:

Current Mailing Address:

3311 CARIB RD
TAMPA, FL 33618

New Mailing Address:

FEI Number: 51-0595046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EVANS, THOMAS M
3311 CARIB RD
TAMPA, FL 33618 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: EVANS, THOMAS M
Address: 3311 CARIB RD
City-St-Zip: TAMPA, FL 33618

Title: V ( ) Delete
Name: SCHAMEL, WALTER
Address: 2704 U.S. HWY 92
City-St-Zip: WINTER HAVEN, FL 33881

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition
Name: ROCKCASTLE, JOHN U
Address: 3372 COUNTY ROAD 204
City-St-Zip: OXFORD, F. 34484

Title: T ( ) Change (X) Addition
Name: WHITLEY, DENNIS
Address: 6514 SEABIRD WAY
City-St-Zip: APOLLO BCH, FL 33572

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: THOMAS M. EVANS P 08/07/2009
Electronic Signature of Signing Officer or Director — Date