

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000007986

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**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 ( )**

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

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

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

Title: T  
Name: WHITLEY, DENNIS  
Address: 6514 SEABIRD WAY  
City-St-Zip: APOLLO BCH, FL 33572

I hereby 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 all other like empowered.

SIGNATURE: THOMAS M. EVANS

PRES

04/12/2011

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

\_\_\_\_\_  
Date