

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008025

FILED
Apr 09, 2008
Secretary of State

Entity Name: INTERNATIONAL FEDERATION OF AIR LINE DISPATCHERS' ASSOCIATIONS, INC.

Current Principal Place of Business:

12370 SW 22ND LANE
MIAMI, FL 33175

New Principal Place of Business:

Current Mailing Address:

12370 SW 22ND LANE
MIAMI, FL 33175

New Mailing Address:

FEI Number: 25-1555494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BROOKS C
1690 WACHOVIA FINANCIAL CENTER
200 SOUTH BISCAYNE BOULEVARD
MIAMI, FL 33131 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: ROSSMORE, ALLAN
Address: 12370 SW 22ND LANE
City-St-Zip: MIAMI, FL 33175

Title: V () Delete
Name: SANDZIUK, ADRIAN
Address: 815 MAPLE AVE
City-St-Zip: MILTON ONTARIO L9T3N3,

Title: S () Delete
Name: ROGL, PETER
Address: JOSEF GALLGASSE 5/10
City-St-Zip: 1020 VIENNA, AUSTRIA,

Title: T () Delete
Name: KETCHERSID, RICK
Address: IFALDA - P.O. BOX 1202
City-St-Zip: RED OAK, TX 751541202

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:

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: ALLAN ROSSMORE

P

04/09/2008

Electronic Signature of Signing Officer or Director

Date