

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012646

FILED  
Feb 22, 2008  
Secretary of State

Entity Name: WINGS OF GOLD AIR MUSEUM INC

## Current Principal Place of Business:

1471 RIVIERA DR.  
KISSIMMEE, FL 34744

## New Principal Place of Business:

3380 LIGHTHOUSE POINTE LN  
JACKSONVILLE, FL 32250

## Current Mailing Address:

1471 RIVIERA DR.  
KISSIMMEE, FL 34744

## New Mailing Address:

3380 LIGHTHOUSE POINTE LN  
JACKSONVILLE, FL 32250

FEI Number: 20-8001937

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BUSCH, WILLIAM  
1471 RIVIERA DR.  
KISSIMMEE, FL 34744 US

## Name and Address of New Registered Agent:

FOSTER, MICHAEL S  
3380 LIGHTHOUSE POINTE LN  
JACKSONVILLE, FL 32250 US

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: MICHAEL S. FOSTER

02/22/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BUSCH, WILLIAM  
Address: 1471 RIVIERA DR.  
City-St-Zip: KISSIMMEE, FL 34744

Title: SD ( ) Delete  
Name: GINTER, MICHAEL  
Address: 1244 SOUTH EADS ST., #1704  
City-St-Zip: ARLINGTON, FL 22202

Title: TD ( ) Delete  
Name: GROKULSKY, STANLEY  
Address: 12722 BAY PLANTATION DR.  
City-St-Zip: JACKSONVILLE, FL 32223

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FOSTER, MICHAEL S  
Address: 3380 LIGHTHOUSE POINTE LN  
City-St-Zip: JACKSONVILLE, FL 32250

Title: SD (X) Change ( ) Addition  
Name: GINTER, MICHAEL  
Address: 1244 SOUTH EADS ST., #1704  
City-St-Zip: ARLINGTON, FL 32250

Title: TD (X) Change ( ) Addition  
Name: GROKULSKY, STANLEY  
Address: 12722 BAY PLANTATION DR.  
City-St-Zip: JACKSONVILLE, FL 32250

Title: D ( ) Change (X) Addition  
Name: BUSCH, WILLIAM  
Address: 1471 RIVIERA DR  
City-St-Zip: KISSIMMEE, FL 34744

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: MICHAEL S. FOSTER

PD

02/22/2008

Electronic Signature of Signing Officer or Director

Date