2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000012646

Entity Name: WINGS OF GOLD AIR MUSEUM INC

Current Principal Place of Business:

3380 LIGHTHOUSE POINTE LN
JACKSONVILLE, FL 32250

New Principal Place of Business:

Current Mailing Address:

3380 LIGHTHOUSE POINTE LN
JACKSONVILLE, FL 32250

New Mailing Address:

FEI Number: 20-8001937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, MICHAEL S
3380 LIGHTHOUSE POINTE LN
JACKSONVILLE, FL 32250 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:	PD	( ) Delete
Name:	FOSTER, MICHAEL S	
Address:	3380 LIGHTHOUSE POINTE LN	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	SD	( ) Delete
Name:	GINTER, MICHAEL	
Address:	1244 SOUTH EADS ST., #1704	
City-St-Zip:	ARLINGTON, FL 32250	
Title:	TD	( ) Delete
Name:	GROKULSKY, STANLEY	
Address:	12722 BAY PLANTATION DR.	
City-St-Zip:	JACKSONVILLE, FL 32250	
Title:	D	( ) Delete
Name:	BUSCH, WILLIAM	
Address:	1471 RIVIERA DR	
City-St-Zip:	KISSIMMEE, FL 34744	

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: MICHAEL S. FOSTER PRES 04/21/2009
Electronic Signature of Signing Officer or Director — Date