


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90018 042 ****61.25

DOCUMENT # N06000013024 1. Entity Name AVON PARK AEROMODELERS INC.					
Principal Place of Business STATE ROAD 17-A AVON PARK, FL 33825			Mailing Address 2095 N BERKLEY RD.. AVON PARK, FL 33825		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 14 N. Lotela Avenue Suite, Apt. #, etc.			
City & State Zip Country		City & State Avon Park, FL. Zip Country 33825 USA		4. FEI Number 20-8132049 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01042008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent MARTIN, DOUGLAS E 1831 W. FOXGLOVE RD. AVON PARK, FL 33825			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, SERGIO 2417 N. DUNWOODIE RD. AVON PARK, FL 33825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCFADDEN, JAMES 10404 HWY. 27 N. FROSTPROOF, FL 33843 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Randal L. Geiger <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2095 N. Berkley Road Avon Park, FL. 33825		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC GEIGER, RANDAL <input checked="" type="checkbox"/> Delete 2095 N. BERKLEY RD. AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC Jack Heiring <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14 N. Lotela Avenue Avon Park, FL. 33825		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRE MARTIN, DOUGLAS <input type="checkbox"/> Delete 1831 W. FOXGLOVE RD. AVON PARK, FL 33825	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Douglas E. Martin</i> Douglas E. Martin		2/27/2008 863-453-3203		Date Daytime Phone #	