## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N06000013024  1. Entity Name AVON PARK AEROMODELERS INC.						02-29-20	008 90018		
Principal Plac STATE ROAD AVON PARK,		Mailing Address 2095 N BERKLEY RD AVON PARK, FL 33825				·			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address					HER BAND HER	HILL CONT. 1991 1991	
Suite, Apt. #, etc.		Suite, Apr. #, etc.	14 N. Lotela Avenue Suite, Apr. #, etc.		1042008	Chg-NP	CR2E0	37 (12/06)	
City & State		City & State Avon Park, FL.		- 1	FEI Numbe			<del></del>	oplied For
Zip	Country	Zip	Country		•	L32049		\$8.75 Add	ot Applicable
		33825	USA			of Status Desire		Fee Require	
	6. Name and Address of Current I	Registered Agent	Name	7.	Name and	Address of Ne	w Registered	Agent	
	DOUGLAS E								
1831 W. FOXGLOVE RD. AVON PARK, FL 33825				ddress (P.O.	Box Numbe	er is Not Accepta	able)		
	, 1 2 00020								
			City				FL	Zip Cod	е
	named entity submits this statement for	r the purpose of changing its re	egistered office or	registered a	gent, or bot	h, in the State o	f Florida. I am	familiar with,	and accept
the obligat	tions of registered agent.								
SIGNATURE	•								
SIGNATURE	Classification to an advantage of a second control of a second con	and rate of annulumble (MOTE) C							
	Signature, typed or printed name of registered agent a	motifie ii appicative. (NOTC: F	Registered Agent signati	are required when	reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Camp Trust Fund Co	paign Financing	\$5.	.00 May B	e F		k payable to	
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Camp Trust Fund Co	paign Financing	\$5.	.00 May B	e F	Make chec	rtment of Si	tate
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12. Thereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, 1 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: Douglas E. Martin Douglas E. Martin	2/27/2008	863-453-3203
SEMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #