

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90029 022 ****61.25

DOCUMENT # N07000002839

1. Entity Name
WOMEN IN AVIATION, FIRST COAST CHAPTER, INC.



Principal Place of Business
**% ARLENE SMITH
700 CATALINA DRIVE, SUITE 300
DAYTONA BEACH, FL 32114**

Mailing Address
**% ARLENE SMITH
700 CATALINA DRIVE, SUITE 300
DAYTONA BEACH, FL 32114**

60024505



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04022008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number

26-0700809

Applied For

Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, ARLENE
DAYTONA BEACH INTERNATIONAL AIRPORT
700 CATALINA DRIVE, SUITE 300
DAYTONA BEACH, FL 32114**

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

Arlene Smith

Signature, typed or printed name of registered agent and title if applicable.

(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. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **LUNQUIST, TRACY**
STREET ADDRESS **1113 S PEARL ST**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **VP** ☐ Delete
NAME **SMITH, ARLENE**
STREET ADDRESS **1086 GLENWOOD TRAIL**
CITY-ST-ZIP **DELAND, FL 32720**

TITLE **ST** ☐ Delete
NAME **KOLB, LETITIA**
STREET ADDRESS **875 DERBYSHIRE ROAD #104**
CITY-ST-ZIP **DAYTONA BEACH, FL 32117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Ad
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, changed, or on an attachment with an address, with all other like empowered.