

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002839

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** WOMEN IN AVIATION, FIRST COAST CHAPTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 26-0700809

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMITH, ARLENE  
DAYTONA BEACH INTERNATIONAL AIRPORT  
700 CATALINA DRIVE, SUITE 300  
DAYTONA BEACH, FL 32114 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: P ( ) Delete  
Name: LUNQUIST, TRACY  
Address: 1113 S PEARL ST  
City-St-Zip: DELAND, FL 32720

Title: VP ( ) Delete  
Name: SMITH, ARLENE  
Address: 1086 GLENWOOD TRAIL  
City-St-Zip: DELAND, FL 32720

Title: ST ( ) Delete  
Name: KOLB, LETITIA  
Address: 875 DERBYSHIRE ROAD #104  
City-St-Zip: DAYTONA BEACH, FL 32117

**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:

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: TRACY S. LUNQUIST

P

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date