

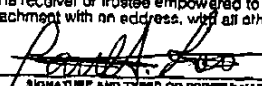
04/24/2008 15:38 3864232232

MARK R HALL

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90352 040 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N07000011772					
1. Entity Name FRIENDS OF NEW SMYRNA BEACH AIRPORT, INC.					
Principal Place of Business 124 FAULKNER ST. NEW SMYRNA BCH, FL 32168			Mailing Address 124 FAULKNER ST. NEW SMYRNA BCH, FL 32168		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HALL, MARK R ESQ. 124 FAULKNER ST. NEW SMYRNA BCH, FL 32168				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when rechartering) 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	D	☐ Delete			
NAME	ROOY, PAUL S				
STREET ADDRESS	124 FAULKNER ST.				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168				
TITLE	D	☐ Delete			
NAME	STAUFFER, ARLEN R				
STREET ADDRESS	124 FAULKNER ST.				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168				
TITLE	D	☐ Delete			
NAME	NORVILLE, GARY				
STREET ADDRESS	124 FAULKNER ST.				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168				
TITLE	D	☐ Delete			
NAME	HOLOMAN, T. MICHAEL				
STREET ADDRESS	124 FAULKNER ST.				
CITY-ST-ZIP	NEW SMYRNA BCH, FL 32168				
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 ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Change ☐ Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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:  Paul S. Rooy 4/25/08 (386)258-5008					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					