

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003960

FILED
Apr 22, 2009
Secretary of State

Entity Name: HISTORICAL FLIGHT FOUNDATION INC

Current Principal Place of Business:

3500 NW 119TH STREET
MIAMI, FL 33167

New Principal Place of Business:

Current Mailing Address:

3500 NW 119TH STREET
MIAMI, FL 33167

New Mailing Address:

FEI Number: 45-0594791

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVID, JONATHAN
3500 NW 119TH STREET
MIAMI, FL 33167 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: PD () Delete
Name: DAVID, JONATHAN
Address: 6632 SW 64TH AVE
City-St-Zip: MIAMI, FL 33143

Title: TD () Delete
Name: FERNANDES, RICHARD
Address: 11011 NW 3RD ST
City-St-Zip: PLANTATION, FL 33324

Title: SD () Delete
Name: JARMAN, ROGER
Address: 7661 NW 68TH PLACE STE 117
City-St-Zip: MIAMI, FL 33166

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: JONATHAN N DAVID

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date