

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009345

FILED  
Apr 28, 2009  
Secretary of State

**Entity Name:** SPECIAL OPERATIONS HELICOPTER ASSOCIATION, INC

**Current Principal Place of Business:**

1613 WINDING SHORE DRIVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1613 WINDING SHORE DRIVE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:** 59-3688707

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZHUKOVA, DANA  
1613 WINDING SHORE DRIVE  
GULF BREEZE, FL 32563 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: WEBB, BRAD  
Address: 162 SCOTTSDALE DRIVE  
City-St-Zip: MARY ESTHER, FL 32569 US

Title: VP ( ) Delete  
Name: MARTIN, CORBY  
Address: 1613 WINDING SHORE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: SEC ( ) Delete  
Name: DOLBY, RICK  
Address: 313 GRAND OAKS  
City-St-Zip: NICEVILLE, FL 32578 US

Title: TR ( ) Delete  
Name: GROVE, JOHN  
Address: 1 LAKESIDE COURT  
City-St-Zip: FT. WALTON BCH, FL 32548 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: MARTIN, CORBY L  
Address: 1613 WINDING SHORE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: HULL, THOMAS  
Address: 2035 FOUNTIANVIEW DRIVE  
City-St-Zip: NAVARRE, FL 32566 US

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: CORBY L. MARTIN

VP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date