

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000010111

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** SAFE AVIATION INSTITUTE, INC.

**Current Principal Place of Business:**

10267 SW 71ST COURT  
OCALA, FL 344767775

**New Principal Place of Business:**

10267 SW 71ST COURT  
OCALA, FL 34476 US

**Current Mailing Address:**

10267 SW 71ST COURT  
OCALA, FL 344767775

**New Mailing Address:**

10267 SW 71ST COURT  
OCALA, FL 34476 US

**FEI Number:** 36-4640737

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MALANOWSKI, CHET EX DIR  
10267 SW 71ST COURT  
OCALA, FL 344767775 US

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

MALANOWSKI, CHET  
10267 SW 71ST COURT  
OCALA, FL 34476 US

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: CHET MALANOWSKI

01/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MALANOWSKI, CHET  
Address: 10267 SW 71ST COURT  
City-St-Zip: Ocala, FL 34476 US

Title: D  
Name: SCARFONE, ELEANOR L.  
Address: 10267 SW 71ST COURT  
City-St-Zip: Ocala, FL 34476 US

I hereby 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 all other like empowered.

SIGNATURE: CHET MALANOWSKI

D

01/21/2011

Electronic Signature of Signing Officer or Director

Date