

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011350

FILED
Mar 20, 2009
Secretary of State

Entity Name: AIRLIFT HOPE OF FLORIDA INC.

Current Principal Place of Business:

751 SCRUB JAY DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

751 SCRUB JAY DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

4620 HAYGOOD ROAD
SUITE 1
VIRGINIA BEACH, VA 23455

FEI Number: 26-4026052

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CALUGAR, RONNIE JR.
751 SCRUB JAY DRIVE
ST. AUGUSTINE, FL 32092 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: SMITH, JAMES
Address: 751 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S () Delete
Name: PATTERSON, STEVE
Address: 751 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete
Name: BOYER, CAROL
Address: 751 SCRUB JAY DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SMITH, JAMES
Address: 5709 KEENE MILL RUN COURT
City-St-Zip: VIRGINIA BEACH, VA 23464

Title: S (X) Change () Addition
Name: PATTERSON, STEPHEN
Address: 8304 NORTH VIEW BLVD.
City-St-Zip: NORFOLK, VA 23518

Title: T (X) Change () Addition
Name: BOYER, CAROL
Address: 1280 LASKIN ROAD #401
City-St-Zip: VIRGINIA BEACH, VA 23451

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: JAMES H. SMITH

CHMN

03/20/2009

Electronic Signature of Signing Officer or Director

Date