

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007913

FILED  
Apr 17, 2011  
Secretary of State

**Entity Name:** AVIATORS WITH A MISSION INC.

**Current Principal Place of Business:**

5234 LAFATETTE AVE  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7552  
SEBRING, FL 33872

**New Mailing Address:**

**FEI Number:** 27-0734033

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TERREROS, PABLO E  
5234 LAFAYETTE AVE  
SEBRING, FL 33875 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  
Name: TERREROS, PABLO E  
Address: 5234 LAFAYETTE AVE  
City-St-Zip: SEBRING, FL 33875

Title: ADM  
Name: TERREROS, ANGELA W  
Address: 5234 LAFAYETTE AVE  
City-St-Zip: SEBRING, FL 33875

Title: SEC  
Name: TERREROS, DEBORAH  
Address: 1810 JACKSON HEIGHTS DRIVE  
City-St-Zip: SEBRING, FL 33870

Title: BM  
Name: BEATO, VIRGIL  
Address: 4226 NAVARRE AVE  
City-St-Zip: SEBRING, FL 33872

Title: BM  
Name: SMEHYL, ADAM  
Address: 331 VIREO AVE  
City-St-Zip: SEBRING, FL 33872

Title: BM  
Name: GRICE, EYDEE  
Address: 2105 LAKE LOTELA DR  
City-St-Zip: AVON PARK, FL 33825

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: PABLO TERREROS

P

04/17/2011

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

\_\_\_\_\_  
Date