

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37534

FILED
Jul 05, 2007
Secretary of State

Entity Name: 908 FLYING CLUB OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

3100 INDUSTRIAL AVENUE #3
FORT PIERCE, FL 34946

New Principal Place of Business:

Current Mailing Address:

3100 INDUSTRIAL AVENUE #3
FORT PIERCE, FL 34946

New Mailing Address:

FEI Number: 65-0136682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KNAGGS, RON
133 QUEEN CHRISTINA CT
FORT PIERCE, FL 34949 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRY, ED
Address: 1815 HAZELWOOD DR
City-St-Zip: FORT PIERCE, FL 34982

Title: T () Delete
Name: KNAGGS, RON
Address: 133 QUEEN CHRISTINA
City-St-Zip: FORT PIERCE, FL 34949

Title: D () Delete
Name: CHAPMAN, RICHARD
Address: 601 SEAWAY DR E-14
City-St-Zip: FORT PIERCE, FL 34949

Title: S () Delete
Name: WHITEMORE, RICHARD
Address: 482 WEST FERRIS
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP (X) Delete
Name: KETCHPAW, MIKE
Address: 1905 SIXTH AVE SE
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: CHAPMAN, RICHARD
Address: 601 SEAWAY DR E-14
City-St-Zip: FORT PIERCE, FL 34949

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: RON KNAGGS

TREA

07/05/2007

Electronic Signature of Signing Officer or Director

Date