2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 22, 2007
Secretary of State

DOCUMENT# N42826

Entity Name: BREVARD AVIATION ASSOCIATION, INC.

Current Principal Place of Business:

% TONY YACONO
900 AIRPORT RD
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

% TONY YACONO
900 AIRPORT RD
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 59-3092680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YACONO, TONY
900 AIRPORT RD
MERRITT ISLAND, FL 32952 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: PD ( ) Delete
Name: YACONO, TONY
Address: 973 SOUTH TROPICAL TRAIL
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD ( ) Delete
Name: YON, TED
Address: 402 BLAKEY BLVD.
City-St-Zip: COCOA BEACH, FL 32931

Title: SD ( ) Delete
Name: WAYNE, ELEAZER
Address: 1110 NEWFOUND HARBOR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD ( ) Delete
Name: MAY, CARL
Address: 3740 OCEAN BEACH BLVD #301
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: TONY YACONO PD 03/22/2007

Electronic Signature of Signing Officer or Director — Date