2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48989

FILED Jan 09, 2004 Secretary of State

Entity Name: ATSG FOUNDATION CORPORATION

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	ADELAND BLVI			
'20 IAMI, FL	33156 US			
urrent N	lailing Addres	s:	New Mailing Addres	s:
	ADELAND BLVI)		
'20 IAMI, FL	33156 US			
I Number	: 65-0485508	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and Address of Current Registered Agent:		Name and Address of New Registered Agent:		
OTT LES				
5 ALHA	SLIE J ESQ. MBRA CIRCLE ABLES, FL 33 [.]			
55 ALHA ORAL G ne above	MBRA CIRCLE ABLES, FL 33 [,]	i34 US	ourpose of changing its registere	ed office or registered agent, or both,
55 ALHA ORAL G ne above the State	MBRA CIRCLE ABLES, FL 33: e named entity s e of Florida. RE:	i34 US submits this statement for the p		ed office or registered agent, or both,
5 ALHA ORAL G ne above the State	MBRA CIRCLE ABLES, FL 33: e named entity s e of Florida. RE:	i34 US		ed office or registered agent, or both, Date
55 ALHA ORAL G ne above the State GNATU	MBRA CIRCLE ABLES, FL 33: e named entity s e of Florida. RE:	i34 US submits this statement for the p ic Signature of Registered Age	ent	
5 ALHA DRAL G ne above the State GNATU	MBRA CIRCLE ABLES, FL 33* e named entity s e of Florida. RE: Electron S AND DIREC*	i34 US submits this statement for the partice Signature of Registered Age FORS: Delete YNE H CT	ent	Date
5 ALHA DRAL G. e above the State GNATU FFICER e: me: dress:	MBRA CIRCLE ABLES, FL 33: e named entity s e of Florida. RE: Electron S AND DIREC* PD () COLONNA, WA 6244 SW 127TH MIAMI, FL 3318	ic Signature of Registered Age FORS: Delete YNE 1 CT 33 Delete E, 20 205	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KIMBERLY DEVLIN TSD 01/09/2004