

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48989

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: ATSG FOUNDATION CORPORATION

**Current Principal Place of Business:**

9200 S DADELAND BLVD  
#720  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

9200 S DADELAND BLVD  
#720  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 65-0485508

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LOTT, LESLIE J ESQ.  
255 ALHAMBRA CIRCLE, SUITE 555  
CORAL GABLES, FL 33134 US

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

LOTT, LESLIE J ESQ.  
355 ALHAMBRA CIRCLE  
SUITE 1100  
CORAL GABLES, FL 33134 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:

01/25/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: COLONNA, WAYNE  
Address: 6244 SW 127TH CT  
City-St-Zip: MIAMI, FL 33183

Title: VD ( ) Delete  
Name: ENGLAND, DALE  
Address: 9711 N FARM RD 205  
City-St-Zip: FAIR GROVE, MO 65648

Title: TSD ( ) Delete  
Name: DEVLIN, KIMBERLY  
Address: 16031 SW 286 ST  
City-St-Zip: HOMESTEAD, FL 33033

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CD (X) Change ( ) Addition  
Name: ENGLAND, DALE  
Address: 9711 N FARM RD 205  
City-St-Zip: FAIR GROVE, MO 65648

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 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: K DEVLIN

TSD

01/25/2005

Electronic Signature of Signing Officer or Director

Date