

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49046

FILED
Feb 22, 2006
Secretary of State

Entity Name: SHADOW AVIATION MUSEUM, INC.

Current Principal Place of Business:

22296 NW 75 AVE RD
MICANOPY, FL 32667 US

New Principal Place of Business:

Current Mailing Address:

22296 NW 75 AVE RD
MICANOPY, FL 32667 US

New Mailing Address:

FEI Number: 59-3125872

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBERMAN, JOHN
22296 NW 75TH AVE. RD.
MICANOPY, FL 32667 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: SILBERMAN, JOHN
Address: 22296 NW 75TH AVE. RD.
City-St-Zip: MICANOPY, FL 32667

Title: VD () Delete
Name: SILBERMAN, SUSAN
Address: 22296 NW 75TH AVE. RD.
City-St-Zip: MICANOPY, FL 32667

Title: D () Delete
Name: GANDY, STACY
Address: 24265 MONDON HILL RD
City-St-Zip: BROOKSVILLE, FL 34601

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:

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: JOHN P SILBERMAN

PD

02/22/2006

Electronic Signature of Signing Officer or Director

Date