

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 06, 2010
Secretary of State

Entity Name: EGLIN/AIR FORCE ASSOCIATION AEROSPACE EDUCATION FOUNDATION, INCORPORATED

Current Principal Place of Business:

4554 REDBUD TRAIL
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

PO BOX #176
SHALIMAR, FL 32579 US

New Mailing Address:

PO BOX 176
SHALIMAR, FL 32579 US

FEI Number: 59-3239211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CZONSTKA, STEVEN J
4554 REDBUD TRAIL
NICEVILLE, FL 32578 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
Name: KIRK, WILLIAM L
Address: 1100 TROON DR W
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD
Name: OAKES, HOWARD H
Address: 4203 TURTLE CROSSING
City-St-Zip: NICEVILLE, FL 32578 US

Title: CD
Name: FANTO, JEFFERY L
Address: 1035 FOREST RD
City-St-Zip: NICEVILLE, FL 32578 US

Title: SD
Name: PIGOTT, SHIRLEY
Address: 1522 ROYAL PALM DRIVE
City-St-Zip: NICEVILLE, FL 32578 US

Title: TD
Name: CZONSTKA, STEVEN J
Address: 4554 REDBUD TRAIL
City-St-Zip: NICEVILLE, FL 32578 US

Title: VD
Name: FARRELL, MIKE
Address: 245 SWEETWATER RUN
City-St-Zip: NICEVILLE, FL 32578 US

I hereby 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 all other like empowered.

SIGNATURE: STEVEN J CZONSTKA

TD

03/06/2010

Electronic Signature of Signing Officer or Director

Date