## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000004906

FILED Jan 16, 2009 Secretary of State

Entity Name: VIETNAM HELICOPTER PILOTS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business: New Principal Place of Business:** 3602 N. US HWY 301 TAMPA, FL 336191247 **Current Mailing Address: New Mailing Address:** 3602 N. US HWY 301 TAMPA, FL 336191247 FEI Number: 59-3339607 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MULLHOLLAND, KENNETH S MULLHOLLAND, KENNETH S 16709 SHEFFIEDL PARK DRIVE 16709 SHEFFIELD PARK DRIVE LUTZ, FL 33549 US LUTZ, FL 33549 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: KENNETH S. MULHOLLAND 01/16/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WELCH, DONALD M Name: Name: 214 EDGEWOOD AVE. Address: Address: City-St-Zip: CLEARWATER, FL 33755 City-St-Zip: Title: () Delete Title: () Change () Addition SMITH, HOWARD E Name: Name: Address: 2111 NORETTA LANE Address: City-St-Zip: LAKELAND, FL 33811 City-St-Zip: Title: () Delete Title: () Change () Addition MULHOLLAND, KENNETH S Name: Name: 16709 SHEFFIELD PARK DR. Address: Address: City-St-Zip: LUTZ. FL 33549 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: HARRELL, GARY W Name: Address: 1915 W. TALL OAKS DR. Address: City-St-Zip: BEVERLY, FL 34465 City-St-Zip: Title: () Delete Title: () Change () Addition ANTROSS, RICHARD C Name: Name: 2208 CHEROKEE TRAIL Address: Address: City-St-Zip: VALRICO, FL 33594 City-St-Zip: Title: () Delete Title: () Change () Addition BASTA, JAMES M Name: Name: Address: 4612 COVERLAWN DR. Address: TAMPA, FL 33624 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH S. MULHOLLAND C 01/16/2009