

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N9800000548

FILED
Mar 24, 2009
Secretary of State

Entity Name: FLORIDA ANTIQUE BI-PLANE ASSOCIATION, INC.

Current Principal Place of Business:

10906 DENOEU ROAD
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

12203 DRIVER LANE
SPRING HILL, FL 34610

New Mailing Address:

FEI Number: 65-1007645

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WENDEL, JOHN F
C/O WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 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: ROBERTSON, LYLE
Address: P. O. BOX 770871
City-St-Zip: CORAL SPRINGS, FL 33077

Title: ED () Delete
Name: CLARK, HERB
Address: P.O. BOX 449
City-St-Zip: WEIRSDALE, FL 32195

Title: STD () Delete
Name: MYERS, CAROLYN
Address: 12203 DRIVER LANE
City-St-Zip: SPRING HILL, FL 34610

Title: ED () Delete
Name: ROBINSON, LARRY
Address: 10906 DENOEU RD
City-St-Zip: BOYNTON BCH, FL 33437

Title: VPD () Delete
Name: WOOD, JOHN
Address: 3601 CYPRESS GARDENS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: STENGER, HARRY
Address: 354 BARTOW MUNICIPAL AIRPORT
City-St-Zip: BARTOW, FL 33830

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ED (X) Change () Addition
Name: CLARK, HERBERT
Address: P. O. BOX 449
City-St-Zip: WEIRSDALE, FL 32195

Title: PD (X) Change () Addition
Name: RISING, JON
Address: 8488 SE 72 AVE
City-St-Zip: OCALA, FL 34472

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

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

Title: VPD (X) Change () Addition
Name: WOOD, TOM
Address: 3601 CYPRESS GARDENS ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D (X) Change () Addition
Name: ROBERTSON, LYLE
Address: P. O. BOX 770871
City-St-Zip: CORAL SPRINGS, FL 33077

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: CAROLYN MYERS

STD

03/24/2009

Electronic Signature of Signing Officer or Director

Date