2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N99000000967

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

VERO BEACH, FL 32960

VERO BEACH, FL 32960

LUTHER, JEFF

4055 41ST AVENUE

() Delete

FILED Sep 29, 2008 Secretary of State

Entity Name: THE CHEROKEE FLYERS, INC. **Current Principal Place of Business: New Principal Place of Business:** 2926 PIPER DRIVE VERO BEACH, FL 32960 **Current Mailing Address: New Mailing Address:** 2926 PIPER DRIVE VERO BEACH, FL 32960 FEI Number: 59-3557096 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: WAYMER, JASON T 2926 PIPER DR VERO BEACH, FL 32960 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WAYMER, JASON T Name: Name: 2926 PIPER DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: () Delete Title: S/AT (X) Change () Addition WALLACE, REGINA A Name: SMITH, JAMIE L Name: Address: 653 TANGELO CIR SW Address: 2926 PIPER DRIVE City-St-Zip: VERO BEACH, FL 32968 City-St-Zip: VERO BEACH, FL 32960 Title: () Delete Title: **TRUS** (X) Change () Addition SMITH, JAMIE L CLAYTON, CRAIG Name: Name: 2926 PIPER DRIVE Address: Address: 2926 PIPER DRIVE City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: VERO BEACH, FL 32960 Title: VΡ () Delete Title: () Change () Addition Name: BOURVIC, MATTHEW Name: 2926 PIPER DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32960 City-St-Zip: Title: TRUS () Delete Title: () Change () Addition GOULD, KEVIN Name: Name: 2926 PIPER DRIVE Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JASON T. WAYMER Ρ 09/29/2008

() Change () Addition