


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90376 005 ****61.25

DOCUMENT # N99000005473 1. Entity Name WITHAM AIRPORT ACTION MAJORITY, INC.					
Principal Place of Business 2336 SE OCEAN BLVD. SUITE 172 STUART, FL 34996			Mailing Address 2336 SE OCEAN BLVD. SUITE 172 STUART, FL 34996		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1000997	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRODIE, LAWRENCE P 525 CAMDEN AVENUE STUART, FL 34994				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Dolores M. Summers (Treas) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHORE, DAVE		NAME	3748 J.W. Woodbriar Lane	
STREET ADDRESS	42 EMARITA WAY		STREET ADDRESS	Palm City, FL 34990	
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	TRS	<input checked="" type="checkbox"/> Delete	TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MELENDEZ, GREG		NAME	Melendez Greg	
STREET ADDRESS	521 SE EDGEWOOD DR.		STREET ADDRESS	521 SE Edgewood Dr	
CITY-ST-ZIP	STUART, FL 33496		CITY-ST-ZIP	Stuart FL 34996	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAWDING, GRANT		NAME		
STREET ADDRESS	1950 SW PALM CITY RD. #8104		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34994		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Dolores M. Summers</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: 3/6/07 Daytime Phone #: 772-220-7763		