


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90070 009 ****61.25

DOCUMENT # N99000007254 1. Entity Name U.S. AIRLINE INDUSTRY MUSEUM FOUNDATION, INC.					
Principal Place of Business 2 PARKPLACE CT DOTHAN, AL 36301			Mailing Address 2 PARKPLACE CT DOTHAN, AL 36301		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 58-3614541	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEISLER, THOMAS E VP BANK OF JACKSON COUNTY 5381 CLIFF ST GRACEVILLE, FL 32440				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				Applied For <input type="checkbox"/> Not Applicable	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____	
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	DT BAUMWALD, STANLEY 1242 NW 102ND WAY CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D ROUNDY, MAURICE 75 CONSTELLATION DR AUBURN, ME 04210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BROWN, LEROY PO BOX 144 ZELLWOOD, FL 327980144	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BAUMWALD, STANLEY 1242 NW 102ND WAY CORAL SPRINGS, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUNDY, MAURICE 75 CONSTELLATION DR. AUBURN, ME 04210	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D PATTON, ROBERT 2 PARK PLACE CT. DOTHAN, AL 36301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAY, DAVID SAFETY HARBOR CLEARWATER, FL 34695	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, LEROY P.O. Box 144 ZELLWOOD, FL 32798-0144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PATTON, ROBERT 2 PARKPLACE CT DOTHAN, AL 36301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAY, DAVID SAFETY HARBOR CLEARWATER, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMAREST, WILLIAM 1018 FEATHERSTONE CIRCLE OCOE, FL 34761	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEMAREST, WILLIAM 1018 FEATHERSTONE CIRCLE OCOE, FL 34761
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: <u>Robert W Patton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				FEB 7, 2006 <small>Date</small>	
				334-701-1010 <small>Daytime Phone #</small>	