


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90065 047 \*\*\*\*61.25

<b>DOCUMENT # N99000007254</b> 1. Entity Name <b>U.S. AIRLINE INDUSTRY MUSEUM FOUNDATION, INC.</b>					
Principal Place of Business <b>2 PARKPLACE CT DOTHAN, AL 36301</b>			Mailing Address <b>P.O. BOX 144 ZELLWOOD, FL 32798</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number <b>58-3614541</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  <b>HEISLER, THOMAS E VP BANK OF JACKSON COUNTY 5381 CLIFF ST GRACEVILLE, FL 32440</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </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 reconstituting) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, LEROY		NAME	FULLER, ESTAN L.	
STREET ADDRESS	3729 GROVE CR.		STREET ADDRESS	904 LAKESHORE DR.	
CITY - ST - ZIP	ZELLWOOD, FL 32798		CITY - ST - ZIP	POLK CITY, FL 33868	
TITLE	DV	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAUMWALD, STANLEY		NAME		
STREET ADDRESS	1242 NW 102ND WAY		STREET ADDRESS		
CITY - ST - ZIP	CORAL SPRINGS, FL 33071		CITY - ST - ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PATTON, ROBERT		NAME		
STREET ADDRESS	2 PARK PLACE CT		STREET ADDRESS		
CITY - ST - ZIP	DOTHAN, AL 36301		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LOOS, RALPH F		NAME		
STREET ADDRESS	3376 OVERLOOK RD		STREET ADDRESS		
CITY - ST - ZIP	ZELLWOOD, FL 32798		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAY, DAVID		NAME		
STREET ADDRESS	P.O. BOX 7153		STREET ADDRESS		
CITY - ST - ZIP	CLEARWATER, FL 337587153		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEMAREST, WILLIAM		NAME		
STREET ADDRESS	1018 FEATHERSTONE CIRCLE		STREET ADDRESS		
CITY - ST - ZIP	OCOE, FL 34761		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.					
<b>SIGNATURE:</b> <u>Robert W. Patton</u>			1-17-2008		334-702-1010
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>