2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# N99000007254

Entity Name: U.S. AIRLINE INDUSTRY MUSEUM FOUNDATION, INC.

Current Principal Place of Business:

2 PARKPLACE CT
DOTHAN, AL 36301

New Principal Place of Business:

3729 GROVE CIRCLE
ZELLWOOD, FL 32798

Current Mailing Address:

P.O. BOX 144
ZELLWOOD, FL 32798

New Mailing Address:

FEI Number: 58-3614541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HEISLER, THOMAS E VP
BANK OF JACKSON COUNTY
5381 CLIFF ST
GRACEVILLE, FL 32440 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: BROWN, LEROY
Address: 3729 GROVE CR.
City-St-Zip: ZELLWOOD, FL 32798

Title: DV ( ) Delete
Name: BAUMWALD, STANLEY
Address: 1242 NW 102ND WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD ( ) Delete
Name: PATTON, ROBERT
Address: 2 PARK PLACE CT
City-St-Zip: DOTHAN, AL 36301

Title: D ( ) Delete
Name: LOOS, RALPH F
Address: 3376 OVERLOOK RD
City-St-Zip: ZELLWOOD, FL 32798

Title: D ( ) Delete
Name: MCLAY, DAVID
Address: P.O. BOX 7153
City-St-Zip: CLEARWATER, FL 337587153

Title: D ( ) Delete
Name: DEMAREST, WILLIAM
Address: 1018 FEATHERSTONE CIRCLE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, LEROY H
Address: 3729 GROVE CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

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

Title: S (X) Change ( ) Addition
Name: BROWN, WANDA
Address: 3729 GROVE CIRCLE
City-St-Zip: ZELLWOOD, FL 32798

Title: TD (X) Change ( ) Addition
Name: LOOS, RALPH F
Address: 3376 OVERLOOK RD
City-St-Zip: ZELLWOOD, FL 32798

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

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

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: LEROY H. BROWN P 03/29/2009
Electronic Signature of Signing Officer or Director — Date