

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007283

Entity Name: AEROSPACE CENTER FOR EXCELLENCE, INC.**Current Principal Place of Business:**4075 JAMES C RAY DRIVE
FLORIDA AIR MUSEUM
LAKELAND, FL 33811**Current Mailing Address:**4175 MEDULLA RD
LAKELAND, FL 33811**FEI Number:** 59-3679477**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SUN N FUN FLY-IN INC
4175 MEDULLA RD
LAKELAND, FL 33811 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:** TRACY T NEAL

02/17/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR, SECRETARY
Name	KINCART, JEFF
Address	1875 W. MAIN STREET
City-State-Zip:	BARTOW FL 33830

Title	CHAIRMAN OF THE BOARD
Name	GARCIA, RICK
Address	3650 DRANE FIELD ROAD
City-State-Zip:	LAKELAND FL 33811

Title	VC
Name	BEATY, BOB
Address	3211 STONEWATER DRIVE
City-State-Zip:	LAKELAND FL 33803

Title	TREASURER
Name	TENNYSON, ELIZABETH
Address	421 AVIATION WAY
City-State-Zip:	FREDERICK MD 21701

Title	CEO, PRESIDENT
Name	CONRAD, EUGENE
Address	4175 MEDULLA ROAD
City-State-Zip:	LAKELAND FL 33811

Title	CFO
Name	NEAL, TRACY T
Address	4175 MEDULLA RD
City-State-Zip:	LAKELAND FL 33811

I hereby 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 all other like empowered.

SIGNATURE: TRACY T NEAL

CFO

02/17/2024

Electronic Signature of Signing Officer/Director Detail

Date