

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000011508

Entity Name: ALL AMERICAN AIR CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**425 TRADE WIND LANE
SAINT AUGUSTINE, FL 32080**Current Mailing Address:**425 TRADE WIND LANE
SAINT AUGUSTINE, FL 32080 US**FEI Number:** 27-4254657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHAPMAN, CHRISTINE M
425 TRADE WIND LANE
SAINT AUGUSTINE, FL 32080 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	CHAPMAN, CHRISTINE M
Address	425 TRADE WIND LANE
City-State-Zip:	SAINT AUGUSTINE FL 32080

Title	TREASURER
Name	WARRELL, ERIN MEEHAN IV
Address	1326 POWIS ROAD
City-State-Zip:	ST.AUGUSTINE FL 32095

Title	VOTING BOARD MEMBER
Name	HAEUSSNER, KARA
Address	332 SOPHIA TERRACE DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32095

Title	VOTING BOARD MEMBER
Name	DOCKERY, DEANN
Address	4632 ROYAL AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	VOTING BOARD MEMBER
Name	PASKY, MAUREEN
Address	23 SKYLAR LN
City-State-Zip:	PONTE VEDRA FL 32081

Title	VOTING BOARD MEMBER
Name	WOOTEN-SMITH, CASEY
Address	1334 POWIS RD
City-State-Zip:	SAINT AUGUSTINE FL 32095

Title	VOTING BOARD MEMBER
Name	LARRABEE, SHANNON
Address	674 DRAKE BAY TERRACE
City-State-Zip:	SAINT AUGUSTINE FL 32084

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: ERIN WARRELL**TREASURER****03/13/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date