

**2018 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            D  
Name            MEEHAN, LINDA  
Address        407 JASMINE ROAD  
City-State-Zip: SAINT AUGUSTINE FL 32086

Title            RECORDING SECRETARY  
Name            BROWNELL, DEBBY  
Address        132 SPOONBILL POINT CIRCLE  
City-State-Zip: ST. AUGUSTINE FL 32080

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

Title            D  
Name            ABELL, LAUREN  
Address        346 GRACIELA CIRCLE  
City-State-Zip: SAINT AUGUSTINE FL 32086

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

Title            VOTING BOARD MEMBER  
Name            GORDON, EMILY STECKER  
Address        53 WILLOW DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32080

Title            VOTING BOARD MEMBER  
Name            ALTON, AMANDA  
Address        406 TWENTYTHIRD ST  
City-State-Zip: SAINT AUGUSTINE FL 32084

**Continues on page 2**

*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****02/28/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	VOTING BOARD MEMBER
Name	LEONARDI, DIANE
Address	501 WEEPING WILLOW LN
City-State-Zip:	SAINT AUGUSTINE FL 32080