

2014 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	ABELL, LAUREN
Address	346 GRACIELA CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32086

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

Title	TREASURER
Name	WILKINSON, NAOMI P IV
Address	1005 HANOVER LANE
City-State-Zip:	PONTE VEDRA FL 32081

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

Title	VOTING BOARD MEMBER
Name	WARRELL, ERIN
Address	425 INAGUA DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32095

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: NAOMI WILKINSON**TREASURER****02/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date