

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008537

**Entity Name:** COLLEGE OF MISSIONARY AVIATION, INC.

**Current Principal Place of Business:**

1155 ORCHID AVE  
KEYSTONE HEIGHTS, FL 32656

**Current Mailing Address:**

P. O. BOX 1033  
KEYSTONE HEIGHTS, FL 32656

**FEI Number: 47-1994752**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HUGGINS, TIMOTHY  
7695 ROSE LANE  
KEYSTONE HEIGHTS, FL 32656 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 PST  
Name HUGGINS, TIMOTHY  
Address 7695 ROSE LANE  
City-State-Zip: KEYSTONE HEIGHTS FL 32356

Title CHAIRMAN  
Name BELL, DWIGHT W.  
Address 2404 SCENIC DRIVE  
City-State-Zip: MELBOURNE FL 32901

Title VP  
Name HUGGINS, ROGER W  
Address 6840 MANNING CEMETARY RD.  
City-State-Zip: JACKSONVILLE FL 32234

Title BOARD MEMBER  
Name ZAWORKA, BETTY  
Address P.O. BOX 452  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title SECRETARY  
Name GIBBS, SHELLIE  
Address 7233 STRICKLAND LANE  
City-State-Zip: KEYSTONE HEIGHTS FL 32656

Title BOARD MEMBER  
Name RYAN, CLIFFORD  
Address 55081 FAWN COURT  
City-State-Zip: CALLAHAN FL 32011

*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: TIMOTHY R. HUGGINS**

**PRESIDENT**

**02/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date