


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N02000002008**  
1. Entity Name  
**THE RUSTIC FORWARD AIR CONTROLLER  
ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**4033 INDIAN TRAIL DR      4033 INDIAN TRAIL DR**  
**DESTIN, FL 32541      DESTIN, FL 32541**

**DO NOT WRITE IN THIS SPACE**



04072004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
**43-1964689**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**NEWLAND, CLAUDE G**  
**4033 INDIAN TRAIL DR**  
**DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution.       **\$5.00 May Be  
Added to Fees**

UN0000109348  
04/12/04-80038-024 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEWLAND, CLAUDE G 4033 INDIAN TRAIL DR DESTIN, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V THOMPSON, JOHN W 2617 WOODFIELD WAY BEDFORD, TX 76021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MORNEAU, MARCEL J 11950 CEDAR CREEK DR CINCINNATI, OH 45240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELLIS, DONALD L 235 GLENWOOD DR MANNING, SC 29102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AITKEN, DOUGLAS B 1006 S. WELLONSBERG ST APEX, NC 27502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERCER, HAROLD G 1121 BLACKBURN LANE VIRGINIA BEACH, VA 234541941

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Donald L. Ellis      Donald L. Ellis      04/07/04      803-435-8497  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
*Treasurer*