


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N0200002008					
1. Entity Name THE RUSTIC FORWARD AIR CONTROLLER ASSOCIATION, INC.					
Principal Place of Business 4033 INDIAN TRAIL DR DESTIN FL 32541		Mailing Address 4033 INDIAN TRAIL DR DESTIN FL 32541			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 43-1964689	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NEWLAND, CLAUDE G 4033 INDIAN TRAIL DR DESTIN FL 32541			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEWLAND, CLAUDE G	NAME	1100000243656		
STREET ADDRESS	4033 INDIAN TRAIL DR	STREET ADDRESS	02/25/05-80048-021 61.25		
CITY-ST-ZIP	DESTIN FL 32541	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	THOMPSON, JOHN W	NAME			
STREET ADDRESS	2617 WOODFIELD WAY	STREET ADDRESS			
CITY-ST-ZIP	BEDFORD TX 76021	CITY-ST-ZIP			
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MORNEAU, MARCEL J	NAME			
STREET ADDRESS	11950 CEDAR CREEK DR	STREET ADDRESS			
CITY-ST-ZIP	CINCINNATI OH 45240	CITY-ST-ZIP			
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ELLIS, DONALD L	NAME			
STREET ADDRESS	235 GLENWOOD DR	STREET ADDRESS			
CITY-ST-ZIP	MANNING SC 29102	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	AITKEN, DOUGLAS B	NAME			
STREET ADDRESS	1006 S. WELLSBERG ST	STREET ADDRESS			
CITY-ST-ZIP	APEX NC 27502	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MERCER, HAROLD G	NAME			
STREET ADDRESS	1121 BLACKBURN LANE	STREET ADDRESS			
CITY-ST-ZIP	VIRGINIA BEACH VA 23454-1941	CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: Claude G Newland **CLAUDE G. NEWLAND** 2/21/05 850-654-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #