

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002008

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE RUSTIC FORWARD AIR CONTROLLER ASSOCIATION, INC.

Current Principal Place of Business:

4033 INDIAN TRAIL DR
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

4033 INDIAN TRAIL DR.
DESTIN, FL 32541

New Mailing Address:

4033 INDIAN TRAIL DR
DESTIN, FL 32541 US

FEI Number: 43-1964689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWLAND, CLAUDE G
4033 INDIAN TRAIL DR
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: NEWLAND, CLAUDE G
Address: 4033 INDIAN TRAIL DR
City-St-Zip: DESTIN, FL 32541

Title: VP () Delete
Name: THOMPSON, JOHN W
Address: 2617 WOODFIELD WAY
City-St-Zip: BEDFORD, TX 76021

Title: SEC () Delete
Name: HAMANN, ROGER J
Address: 295 LANE RD
City-St-Zip: GREENE, ME 04236

Title: TREA () Delete
Name: ELLIS, DONALD L
Address: 26 E BOYCE ST
City-St-Zip: MANNING, SC 29106

Title: DIR. () Delete
Name: SEIBOLD, JAMES C
Address: 4680 BLUE SPRUCE LANE
City-St-Zip: GILBERT, AZ 85297

Title: DIR. () Delete
Name: THOMAS, ROBERT F
Address: 6364 DEVONSHIRE AVE
City-St-Zip: ST. LOUIS, MO 63109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CLAUDE G. NEWLAND

PRES

01/16/2009

Electronic Signature of Signing Officer or Director

Date