

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 25, 1996 08:00 AM
Secretary of State



DOCUMENT # **712388** (8)
1. Corporation Name
EXPERIMENTAL AIRCRAFT ASSOCIATION, INC., MANASOT A CHAPTER 180

Principal Place of Business Mailing Address
1923 ST GEORGE DR E BRADENTON FL 34208 **1923 ST GEORGE DR E BRADENTON FL 34208**

3. Date Incorporated or Qualified **03/10/1967** 3a. Date of Last Report **03/02/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2633611	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	29. Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WALDT, JAMES R 1923 ST GEORGE DR E BRADENTON FL 34208		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMES, RICK	12 NAME	P. TOM PENNELL
STREET ADDRESS	2109 89TH ST., W.	13 STREET ADDRESS	8307 SYLVANWOOD DR.
CITY-ST-ZIP	BRADENTON FL	14 CITY-ST-ZIP	SARASOTA FL. 34243
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHEELER, LYLE	22 NAME	V. PAUL CARSON
STREET ADDRESS	4410 CAMINO REAL	23 STREET ADDRESS	5800 N. LOCKWOOD RIDGE RD.
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP	SARASOTA FL. 34243
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALDT, JAMES	32 NAME	
STREET ADDRESS	1923 ST GEORGE DR E	33 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KELLER, JOHN	42 NAME	
STREET ADDRESS	635 N. LIME AVE. #202	43 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D THOMSON, JOHNNY	52 NAME	
STREET ADDRESS	604 CAMELLIA AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	ELLENTON FL	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D REEVES, ROBERT	62 NAME	
STREET ADDRESS	3914 HIDDEN RIVER RD.	63 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Waldt* **JAMES R. WALDT** 1-20-31 941-747-6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)